

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON KNOWLEDGE REGARDING
LEARNING DISABILITIES AMONG SCHOOL
TEACHERS AT SELECTED SCHOOLS,
KERALA**

By

Reg. No: 301331001

**A DISSERTATION SUBMITTED TO THE TAMIL NADU
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN
PARTIAL FULFILLMENT OF REQUIREMENT
FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING**

OCTOBER 2015

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A bouquet of yellow roses with green foliage and small yellow flowers.

*Dedicated
to Almighty
God, Loving
Parents,
Husband, Sister,
Friends & Well
Wishers*

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CHAPTER - I

Introduction

“Children do not care how much you know until they know how much you care”

- Teddy Roosevelt.

“Children require guidance and sympathy far more than instruction”

- Annie Sullivan (2008)

Children with disabilities are like butterflies with a broken wing. They are just as beautiful as all others but they need help to spread their wings.

Learning disabilities cannot be cured, but they can be treated successfully and children with learning disability can go on to live happy, successful lives.

- Anne Ford

The term *Learning Disability* came to use in 1960's. Learning disability is also termed as specific academic skill disorder or specific learning disability. National Joint Committee on Learning Disability defines Learning Disability as A heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities.

National Institute of Health (2008) stated that Learning Disability is a disorder that affects people's ability to either interpret what they see and hear or to link information from different part of the brain. Such difficulties extend to school work and can impede learning to read, write or do math.

Abdal Haqq (2007) stated that teachers need to be trained to identify students who need intervention, to handle problems in class room, to locate sources of help for students, to take part in the collaborative process and to view themselves as part of a team effort to address the academic, social and healthy development of students.

Central Council of Health and Central Family Welfare Council declared that the teachers should be trained for observing and screening the students for defects and deviations from normal health to maintain effective surveillance and for providing supportive health education for the prevention of health problems by developing desirable health habits.

Wagner (2005) purports that the teachers rapport with a learning disabled child is proved to be vital in helping the child succeed. According to learning disability services, students can greatly benefit when the teacher takes a little time and thought to accommodate these needs. These students may need accommodation in some classroom activities, and exams. Making the child aware of a disability is great service to the child.

Children are mirror of a nation. They are our future and our most precious resources. The quality of tomorrow's world and perhaps even its survival will be determined by the well-being, safety and the physical and intellectual development of children today. To predict the future of a nation, it has been remarked, one need not consult the stars; it can more easily and plainly be read in the faces of its children.

School age is the period between 6-12 years. Young scholars are emerging as creative persons who are preparing for their future role in society .The school years

are a time of new achievement and new experiences. Individual children's needs and preferences should be respected.

Behavioral and emotional problems in school aged children can cause significant difficulties in children's healthy development. For many children, they are also predictive of longer-term antisocial behaviors and mental health problems. Some children show symptoms that are consistent with diagnoses of Anxiety, Depression, Oppositional Defiant Disorder (ODD), Attention-Deficit Disorder (ADHD), and Conduct Disorder (CD) (American Psychiatric Association, 1994). As well as causing significant distress for children and families during their childhood, children with emotional and behavioral problems face an increased risk of low self-esteem, relationship problems with peers and family members, academic difficulties, early school leaving, adolescent homelessness, the development of substance abuse issues and criminality. A child personality is considerably influenced by the character and conduct of their parents. Surveys reveals that the parents are often more concerned about their behavior.

Parent is really the child's first teacher .A teacher is a person who provide student direct classroom teaching, or class room setting ,or educational services directly related to class room teaching. Teachers play an influencing role in development of personality listening to child's problems is an important skill of a teacher (Saraswathi. K. N, 2012) than about their physical well-being (Robbinowits, 2000).

Teachers play very important role in early diagnosis of mental health problems, giving reference to medical personal and also promotion of mental health

among children in their schools. School children will spend their more time with their respective school teachers.

Planned teaching programme will be positively influence on school teachers to know more about the behaviors indicating learning disorders among children who manifest complex psychopathology, characterized by poor learning capacity, attachment difficulties, relationship insecurity, sexual behavior, trauma-related anxiety, conduct problems, defiance, inattention/hyperactivity, and less common problems such as self-injury and food maintenance behaviors.

Modern methods of teaching demand on the teacher's ability to find out the weakening or the disability to learn on the part of the pupil. A wall should not be set up between the teacher and the pupil. The teacher should understand that in his earlier and younger days, he too was a student with a number of deficiencies. Dedication, devotion and discipline along with enormous patience and love for the children alone will help a teacher to encourage students with such disabilities to overcome them and learn slowly but gradually.

Need for the Study

A learning disability is a neurological condition that interferes with a person's ability to store, process, or produce information.

Learning disabilities can affect one's ability to read, write, speak, spell, compute math, reason and also affect a person's attention, memory, co-ordination, social skills and emotional maturity.

Health Promotion of India (2000) stated that one third of the population in India is school age children; out of this 14% belong to the age group of school age.

Lalitha. K estimated that nearly 4 million school age children have learning disabilities, 7.7% of children have ever been told that they had learning disability. Prevalence of reading disability is conservatively estimated to the range between 4% and 6% in the general school aged population. In India, prevalence estimates of learning disability ranges from 9% to 30%. The incidence of dysgraphia in India is 2% to 18%, and of dyscalculia 5.5%.

Karande. S (2008) reported that up to 5-10% of seemingly normal school children have hidden disabilities in India. Among that 80% of those have dyslexia.

Philip. J (2007) stated that the teachers should have knowledge about learning disabilities in children. The teacher must assess the students' ability, interest, creativity and commitment to the specific field areas of the human endeavor. This process needs the teacher's knowledge of the child through observations of student behaviors within the learning environment.

Nabi Bux Jumani (2012) stated that individual has the right that his physical, social and emotional needs should be satisfied in society as well as in class room environment. The desire to be accepted and protected in childhood is natural. He or she needs help for adjustment. This is his/her right that s/he should be provided with an environment in which his/her natural capabilities flourish so that she may become useful member of the society

According to World Health Report, 15% of children have serious learning disabilities. Epidemiological study of child and adolescent psychiatric disorders conducted by ICMR indicated the overall prevalence of mental and learning disorders in Indian children to be 12.5%. Mental disorders account for 5 of the top 10 leading causes of disability in the world for children above 5 years of age. Besides the increase in number of children seeking help for emotional problems, over the years, the type of problems has also undergone a tremendous change.

Through education, individuals' behavior is shaped. In formal or conventional mode of education, teacher plays a pivotal role in this regard. Moreover, it is again overwhelming at primary and secondary school levels. It is, therefore, necessary that a teacher should know his or her pupils thoroughly as to their abilities, limitations, motives, aspirations, needs and physical development patterns, so that teaching can be made interesting and effective. Teacher should be able to know all such things through the study of educational psychology. Such knowledge can contribute to the promotion of learning process and developing students' personalities positively by understanding about individual disabilities.

Bhatia. M. S (1996) stated that school teacher is the second mother to every child. So children listen to every point that teacher teaches, the unhealthy child cannot be expected to take full advantage of schooling. Health education must remain mainly in the hands of the teacher and the school health workers. Health education is a part of general education. A growing understanding of the physical, mental, emotional and normal nature of the children is the essence of professional teaching ability. Behavioral problems are widely prevalence in any school children

Panda. K. C (1997) explained that mental health problems of school going children should, observed by parents and teachers, Teachers should have more knowledge of problems of childhood because the children will spend their more time in schools. So teachers should be able to understand the abnormal behavior of child and they can provide some related mental health services to the child with the guidance of school of psychology or from psychologists. Early diagnosis and early screening helps the prevention of progress of disease for the treatment of the child and for effective mental health service. Thus the researcher has decided to design to assess the knowledge of the school teachers regarding learning disabilities of school children and decided to develop a Health Education Pamphlet According to Federal law I.D.E.A. Sec 612.5(A), All children with learning disabilities are to be educated to the “maximum extent” with children who do not have disabilities.

Statement of the Problem

A study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Learning Disabilities Among School Teachers at Selected Schools, Kerala.

Objectives

- To assess the level of knowledge regarding learning disabilities among school teachers.
- To deliver structured teaching programme regarding special learning disabilities among school teachers.
- To evaluate the effectiveness of structured teaching programme regarding learning disabilities.

- To find out the association between selected demographic variables with the post-test knowledge score on learning disabilities.

Hypothesis

There is a significant difference between pre-test knowledge and post-test knowledge score on learning disabilities among school teachers after structured teaching programme.

Operational Definitions

Assess

The act which is planned by researchers to evaluate the knowledge of school teachers regarding learning disabilities by using structured questionnaire.

Effectiveness

It refers to find out a desired or intended result of structured teaching programme regarding learning disabilities among school teachers.

Structured Teaching Programme

It refers to systematically planned group of instructional design to provide information regarding learning disabilities among school teachers.

Learning Disabilities

Children who have difficulty to store, process, or produce information.

School Teachers

This refers to the professionals who have completed diploma or related degree in education, certified by the Kerala Government who imparts knowledge for Pre-KG to 5th standard students.

Assumptions

- School teachers have inadequate knowledge regarding the management of children with learning disabilities.
- School teachers' knowledge regarding learning disabilities will help them to recognize and detect the disorder among the school children at the early stage.

CHAPTER - II

Review of Literature

*“Believe that problems do have answers that they can be overcome
and that you can solve them.”*

- Nightingale Nursing Times

Review of literature is a broad, comprehensive, systematic and critical view of scholarly publication, unpublished print materials, audio and visual materials and personnel communication.

The researcher presents the review of related literature which helps the studying of problems in depth. It also serves as a valuable guide to understand what has been done, what is still unknown and untested.

Polit and Hungler (1999) literature review refers to an extensive, exhaustive and systematic examination of publications relevant to the research project .An extensive review of the research and the non- research literature was done to gain the maximum information.

Literature Review is Discussed as Under the Following Headings

- Review related to learning disabilities
- Review related to school teachers knowledge regarding learning disabilities.
- Review related to structured teaching programme regarding learning disabilities.

Review Related to Learning Disabilities

Akpan. M. U (2010) conducted comparative study about the academic performance of school children with learning disabilities with that of their controls. A total of 132 primary school pupils aged 6-12 years with learning disabilities and their matched-controls were selected. Their academic performance was assessed and compared using the overall scores achieved in the first and second term examinations in the 2005-2006 academic sessions, as well as the scores in individual subjects. Number of days absent from school was documented. While 26.5% and 12.9% pupils with learning disabilities had high and poor academic performance respectively, 38.6% and 9.1% pupils without such disabilities had high and poor performances respectively. Learning disabilities are associated with poor academic performance in school children in Uyo.

Ojinnaka. N. C (2010) a cross-sectional study was carried out among 572 pupils from six primary schools selected randomly from private and government schools in Uyo. Pupils with a normal IQ were selected using a systematic sampling method. The discrepancy method was adopted by their teachers, to determine the prevalence and pattern of learning disabilities among children living in Uyo, a town in south-south Nigeria. According to the teachers' assessment 132 pupils (23.1%) had indicating learning disabilities. She find out that there is a high prevalence of learning disabilities among primary school children in Uyo.

Al Hamid. J. H (2008) Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common mental disorders that develop in children and becomes apparent in the preschool and early school years.. The aim of the present study was to

determine the prevalence of ADHD. A sample size of 1287 students aged 6-13 years in 67 government and 10 private primary schools was selected by multistage systematic random sampling. At Saudi Arabia. Data was collected using two types of questionnaires: the modified Arabic version of the Attention Deficit Disorders Evaluation Scale (ADDES) school version, and Parents' questionnaire to diagnose the three main subtypes of ADHD namely: inattention, hyperactivity-impulsivity, and combined ADHD. The majority of the boys were from government schools (83.0%), were of age 6-<9 years (40.5%) and of Saudi nationality (80.7%). The overall prevalence of combined ADHD was 16.4%, with a prevalence of 12.4% for hyperactivity-impulsivity and 16.3% for inattention disorders respectively. The study also revealed a variety of family factors to be significantly associated with the development of ADHD. The prevalence of each subtype of ADHD was higher if the child was the 6th one in the family.

Woo. B. S, et.al., (2007) conducted a study in Singapore on learning and behavioral disorders in Singaporean children based on parent, teacher and child reports. The Child Behavior Checklist (CBCL), Teacher Rating Form (TRF) and child report questionnaires for depression and anxiety were administered to a community sample of primary school children. 60 Parents of a sub-sample of 203 children underwent a structured clinical interview. The result was that higher prevalence of learning and behavioral problems was identified by CBCL (12.5 percent) than by TRF (2.5 percent). According to parent reports, higher rates of internalizing problems (12.2 percent) compared to externalizing problems (4.9 percent), were found. Correlations between child-reported depression and anxiety, and parent and teacher reports were low to moderate, but were better for parent reports than for teacher reports.

Atten Disord. J (2006) a cross-sectional descriptive study was conducted from March 2004 to February 2005. A total of 2,000 primary school students, ages 6 to 12, are selected and 1,541 students (77.1%) give consent to participate in this study. The aim of this study is to identify Attention Deficit Hyperactivity Disorders among primary school children in the State of Qatar. An Arabic questionnaire is used to collect the socio demographic variables and a standardized Arabic version of the Conner's' Classroom Rating Scale for ADHD symptoms of the students surveyed, 51.7% are males and 48.3% females. The data reveal that 112 boys (14.1%) and 33 girls (4.4%) scored above the cutoff for ADHD symptoms, thus giving an overall prevalence of 9.4%. The study reveals that ADHD is found to be a common problem among school children in Qatar.

Panda. P. P (2006) a cross sectional observation study was carried out in primary school children of slum dwelling area of Kathmandu Valley which included 454 students. The aim of study was to find out morbidity in habit and learning disorders in age group of 6-10 years so that early detection will be helpful to correct them to prevent it from further personality maladjustment. There was statistical difference in gender wise learning disorders. The morbidity is due to multiple factors of physic- social environment. However severity of co-morbidity is also more here in this area.

Gupta, Indira, et.al., (2001) the present study was conducted on 957 school children aged 9-11 years from an urban area of Ludhiana, India to assess the prevalence of learning disabilities. The study was conducted in two stages. In the first stage, a screening method 'response to intervention' was used to detect common

learning difficulties in children. Based on the screening method results and parents' interviews, 45.6% of the children were estimated to have learning disabilities, of which 36.5% had significant problems. Conduct disorders (5.4%), Hyperkinetic syndrome (12.9%), scholastic under-achievement (17%), and enuresis (20.3%) were detected to be the main pre-disposing factors in children. Close co-operation between school teachers, parents, and health care providers is suggested to ensure healthy development of children.

Bose. V. S (1999) study was to examine the nature of learning disabilities manifested by children at each class level. 837 children (410 girls and 427 boys) between the age of 6-11 years from Classes I - V studying in an English medium school were the subjects of the study. An academic performance checklist including Attention, Disciplinary, Academic and Emotional problems, etc. was developed for use by teachers in a class room setting. The average occurrence of each problem was calculated by dividing the frequency of occurrence by the sample size. Results revealed that the most prevalent types of problems that were faced by teachers at the primary school level were those related to attention, study, discipline and emotional problems.

Shanta. K (1999) the study examined behavioral problems and disciplining among children with 'scholastic skills difficulties' (SSD) as compared to a group of normal controls. The sample consisted of 20 children between 5-8 years of age in each group. Data was obtained regarding the child's personal, family and social background. Maternal report was obtained on Child Behavior Checklist. Results revealed a higher prevalence of behavioral problems in children with SSD. These problems were

externalizing and internalizing types of dysfunctions, namely attention seeking behavior, hyperactivity, impulsivity, oppositional behavior and conduct problems in the first domain of dysfunction, and depression and anxiety in the second domain of dysfunction. The study group also had higher prevalence of learning and miscellaneous behavioral problems.

Review Related to School Teachers Knowledge Regarding Learning Disabilities

Lindsay. G, et.al., (2007) conducted a study in UK on Longitudinal patterns of learning disorders in children with specific speech and language difficulties. A sample of children with SSLD were assessed for BESD at ages 8, 10 and 12 years by both teachers and parents. Language abilities were assessed at 8 and 10 years. Results showed: High levels of BESD (Behavioral, emotional and social difficulties) were found at all three ages but with different patterns of trajectories for parents' and teachers' ratings. Language ability predicted teacher- but not parent-rated BESD, so study result that there is need of education for care of child with learning disabilities.

Vickie. E. Snider (2003) this study was designed to assess general and special education teachers' knowledge, opinions, and experience related to the diagnosis of attention-deficit/hyperactivity disorder (ADHD) and its treatment with stimulant medication. A random sample of 200 general educators and 200 special educators from Wisconsin were surveyed. Results revealed that teachers had limited knowledge about ADHD and the use of psycho stimulant medication. Teachers' opinions about the effect of stimulant medication on school-related behaviors were generally positive, although special education teachers were more positive than general educators. The survey confirmed previous research indicating that teachers were the

school personnel who most frequently recommended an assessment for ADHD. The results are discussed in terms of their educational significance and implications for teacher preparation and continuing education.

Parthasarathy. R (1994) conducted a study on school teachers' knowledge, attitudes and practices on childhood developmental and learning disabilities in Singapore. 503 preschool teachers are evaluated, most aged 30-44 years with experience of 6years. As a result a pass rate in knowledge achieved in 50%with overall median total score of 50. Autistic spectrum disorder 6% attention deficit 68% and hyperactive disorder 32%; at last they concluded that this study demonstrated educational deficit in the childhood developmental and learning disabilities among our school teachers.

Review Related To Structured Teaching Programme Regarding Learning Disabilities

Priyesh Bhanwara (2012) described that the planned teaching is effective in increasing the knowledge regarding learning disabilities. The study was conducted in selected schools of Pune city. The samples were teachers both male and female. Sample size was 60. Non convenient purposive sampling technique was used. The result was teachers are got the adequate knowledge regarding learning disabilities.

Dileep Natekar (2012) conducted study to assess the knowledge of primary school teachers regarding learning disabilities and their prevention among children in Bangalore. Self-administered structured questionnaire was prepared and administered to 50 primary school teachers between 1-7th standard based on purposive sampling

technique. The outcome of this study was the teachers are got the adequate knowledge regarding learning disabilities.

Washburn. E. K (2011) conducted a study on teachers' knowledge of basic language concepts and dyslexia at New York. Results revealed that teachers lack essential knowledge needed to teach struggling readers, particularly children with dyslexia and study indicated that teachers on average, were able to display implicit skills related to certain basic language concepts(ie, syllable counting), but failed to demonstrate explicit knowledge of others (ie, phonics), also teachers seemed to hold the common misconception that dyslexia is a visual processing deficit rather than phonological processing deficit.

Lalitha. K and Padmavathi. K (2009) conducted a study to assess the effectiveness of structured teaching programme on the level of knowledge and opinion of teacher trainees regarding learning disabilities in selected teaching institutions at Bangalore. In this study they found that structured teaching programme was effective for imparting knowledge to the teacher trainees.

Walter. S. G (2007) conducted a study on reducing behavioral problems in early care and education programme among 144 school teachers in Tolland Pre School. It showed that 76% of the teachers improved their ability to identify children in need of mental health referral, and 88% reported that education programme reduces the likelihood suspensions and expulsion.

Syed, et.al., (2006) conducted a community study based on developing programme to train sensitize and mobilize the parents to manage child's

psychological emotional and learning problems. A total of 675 parents were participated in this study in this he find that training programme was effective for reducing emotional and learning problems.

Child Psychiatry wards of Central Institute of Psychiatry (2004) a clinical study was conducted to assess the effectiveness of planned teaching programme for the care takers of children admitted with minor mental health disorders in the Child Psychiatry wards of CentralInstitute of Psychiatry, Ranchi. Total of 80 samples were selected by convenient sampling technique. The outcome of the study proved marked increase in the knowledge level of the caretakers after the intervention.

Conceptual Framework

Interrelated concepts or abstractions assembled together in a rational scheme by virtue of their relevance to a common theme; sometimes called conceptual framework. The conceptual framework used for this study was modified based on Wiedenbech's helping art of clinical nursing theory (1964).

According to Wiedenbech's nursing practice consist of (identification) identifying a need for help, (ministration) ministration the needed help, and (validation) validating that the need for help was met.

Identification

- Identification determines a patient's need for help based on the existence of a need. Whether the patient realizes the need and whether the patient is meeting the need, and whether the patient cannot meet the need alone.
- In this study, the teachers of school going children need have been identified, through the pre-test assessment of knowledge and assessment of demographic variables.

Ministration

- It refers to provision of needed help.
- In this study, the teachers of school going children needed to educated regarding learning disabilities.

Validation

- It refers to collection of evidence that shows patient's needs have been met and that his functional activity has been restored as direct result of the nurse's action.

- In this study, the school teachers gained adequate knowledge regarding learning disabilities.

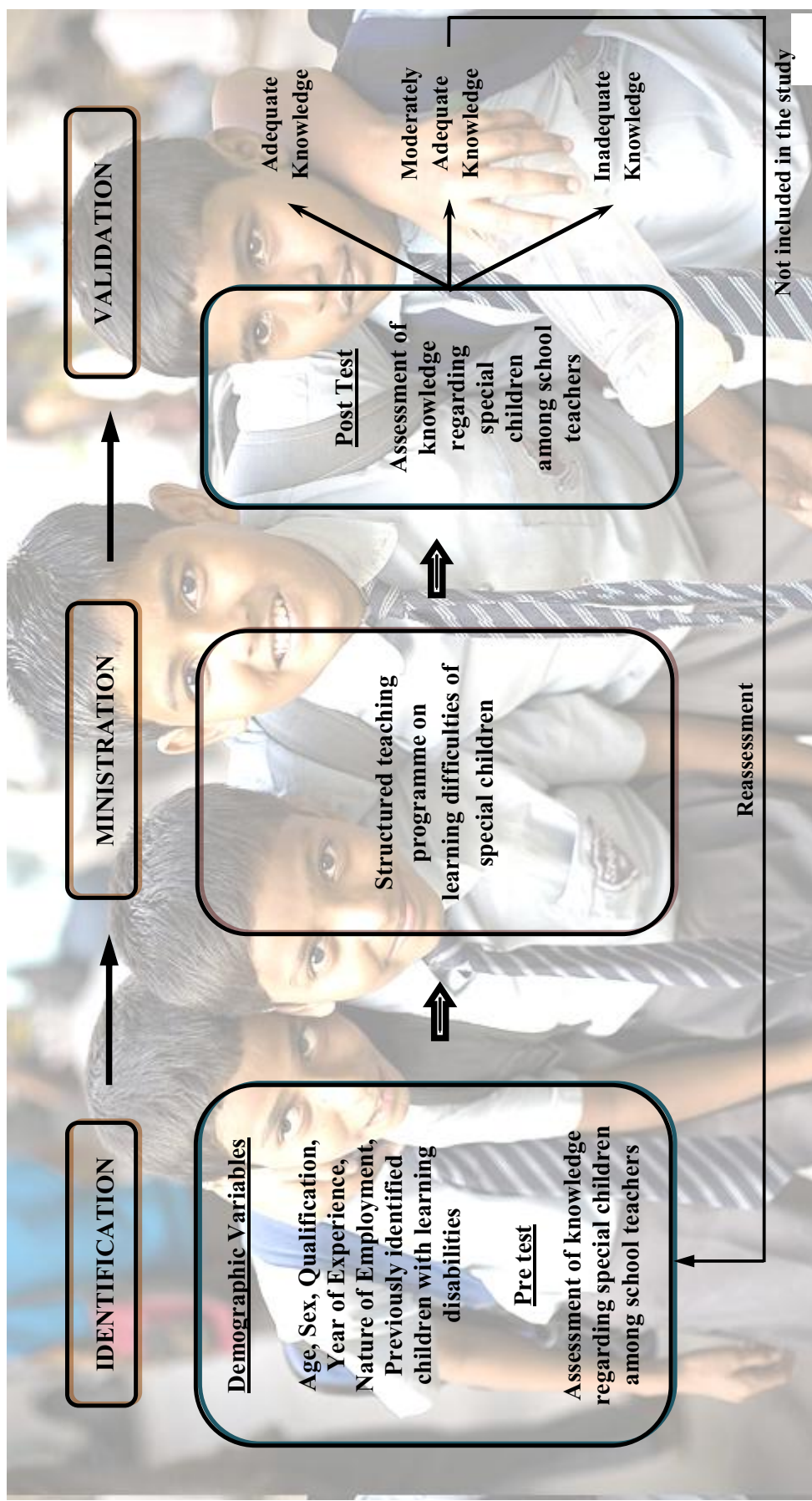


Figure.1 Modified Conceptual Framework Based on Wiedenbach's Helping Art of Clinical Nursing Theory (1968)

CHAPTER - III

Methodology

This chapter explains the methodology adopted by the researcher to assess the effectiveness of structured teaching programme on learning difficulties of among school teachers of selected schools at Kerala. It deals with research approach, research design, setting of the study, population, sample size, sampling technique, criteria for selection of sample, description of tools, testing of the tool, pilot study, data collection procedure and plan for data analysis.

Research Approach

Quantitative approach was used for the study.

Research Design

One group pre-test post-test research design was adapted for this study a subtype of pre experimental design. It involves the manipulation of independent variables.

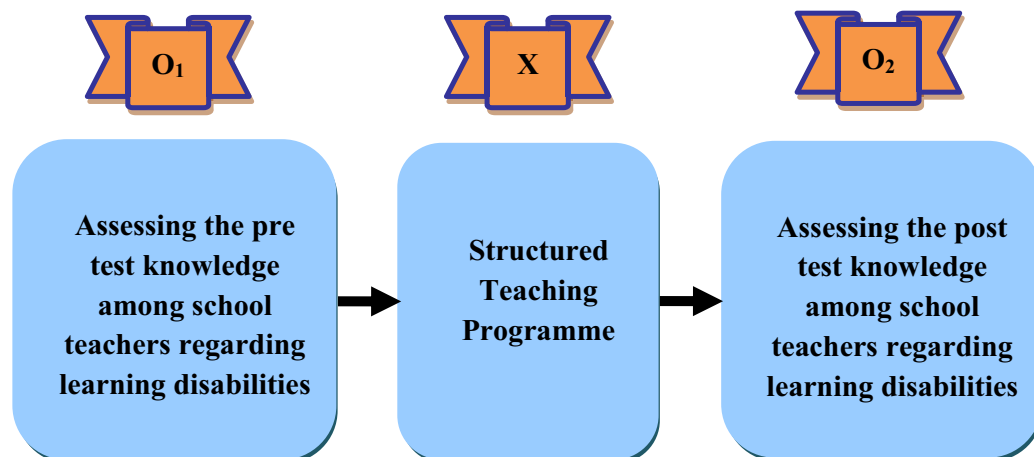


Figure. 2 The Schematic Representation of the Research Design

Q₁ Pre-test assessment,

X Intervention

Q₂ Post-test assessment

Setting of the Study

The study was conducted at St. Theresas High School and Mar Ivanios High School located at Kalayapuram, 8Km away from Kottarakara town, Quilon (DT), Kerala. Both the schools contain more than 750 students and 80 teachers approximately.

Variables

Independent variable is structured teaching programme on learning disabilities among school teachers. The dependent variable is knowledge among the school teachers regarding learning disabilities and the influencing variables are demographic variables.

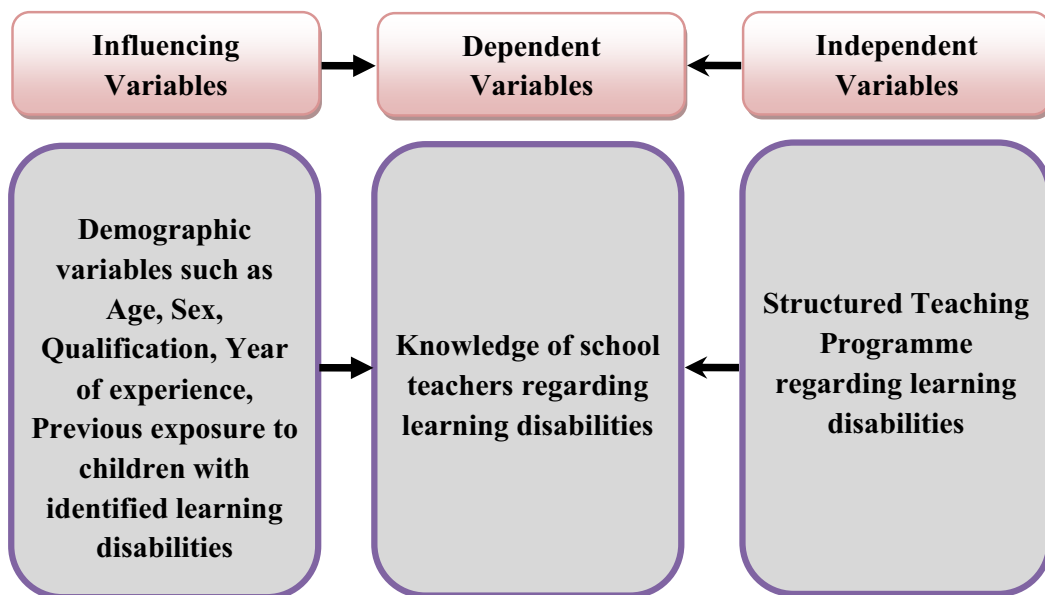


Figure. 3 The Schematic Representation of the Variables

Population

The accessible population includes the school teachers at selected schools at Kerala.

Sample Size

The sample size included for the study consists of 40 school teachers.

Sampling Technique

The samples were selected by using Convenient Sampling Technique. It is a type of non-probability sampling method.

Criteria for Selection of Samples**Inclusive Criteria**

- Both male and female teachers.
- Teachers who are willing to participate in this study.
- Teachers from Pre-KG to 5th standard.
- Samples who can understand the information.

Exclusive Criteria

- Teachers who have attended previous classes regarding learning disabilities.
- The teachers who are not available during data collection period.

Description of the Tool

The researcher has developed a structured questionnaire after reviewing the literature and considering the opinion of psychiatric nursing experts to assess the knowledge regarding learning disabilities. The tool consists of three sections.

Section – A Demographic Variable

It includes age, sex, nature of employment, years of experience, qualification, previously identified children with learning disabilities.

Section – B Structured Questionnaire

To assess the knowledge regarding learning disabilities. It contains 30 multiple choice questions to assess knowledge regarding learning disabilities among the school teachers. Each question has 4 options in which one option is correct and other three options are wrong. Each correct answer carries one mark, wrong answer carries zero mark, the possible maximum mark is 30 and minimum score is zero.

Table. 1 Grading of Knowledge Level

Level of Knowledge	Score
Inadequate	1-10
Moderately adequate	11-20
Adequate	21-30

Testing of the Tool

Content Validity

The tool was given to five experts in the field of psychiatric nursing, psychiatrist and psychologist for content validity. All the comments and suggestions given by the experts were duly considered and correction was made after discussion with research guide.

Reliability

The reliability of the tool was determined by Brown Spearman split half method, showing knowledge questionnaire reliability with +0.98. So the reliability of the tool was satisfactory.

Pilot Study

The pilot study was trial run for major study to test the reliability, practicability, appropriateness and flexibility of the study and the tool. Pilot study was conducted from 09/06/14 to 13/06/14 in Mar Gregorios Memorial High school which is located at Mylom, 4km away from Kottarakara town, Kerala. Sample size was 5 school teachers. Prior the study, formal permission was obtained from the Principal of Mar Gregorios Memorial High school. Knowledge of school teachers were assessed by using structured questionnaire. Structured teaching programme was given for three days from 10/06/14 to 12/06/14. The post-test assessment was carried out on 16/06/14 by using the same questionnaire. The pilot study finding revealed that there was significant increase in the knowledge of the school teachers after structured teaching programme. Pilot study shows there is feasibility of the questionnaires.

Data Collection Procedure

The study was conducted for a period of four weeks from 01/07/2014 to 31/07/2014. Prior permission was obtained from the Principal of St. Theresa's School and Mar Ivanios School, submitting an application giving assurance to abide by the rules and regulation.

The researcher explained the purpose of the study in compassionate manner and informed consent was taken from the teachers. 40 samples were selected from the school by using convenient sampling technique. The first phase of data collection was conducted in St. Theresa's school with 20 samples. The knowledge was assessed by using structured questionnaire. After that, the structured teaching programme was given to the school teachers regarding learning disabilities. After a period of 14 days the post test was conducted by using the same questionnaire to determine the extent of effects of structured teaching programme.

By using the similar technique the study conducted at Mar Ivanios school with 20 samples. Pretest session was conducted on 10/07/14 with the structured questionnaire following these 4 days continuous structured teaching programme was given for a period of 1 hour and the school teachers were encouraged to clarify their doubts. The post test was conducted from 14th day on 23/06/14 using same questionnaire.

Plan for Data Analysis

The data analysis was done by using descriptive statistics and inferential statistics.

Descriptive Statistics

- The demographic variables were analyzed by using frequency and percentage.

Inferential Statistics

- The effectiveness of structured teaching programme regarding learning disabilities and association between demographical variables were analyzed by using 't' test and χ^2 respectively.

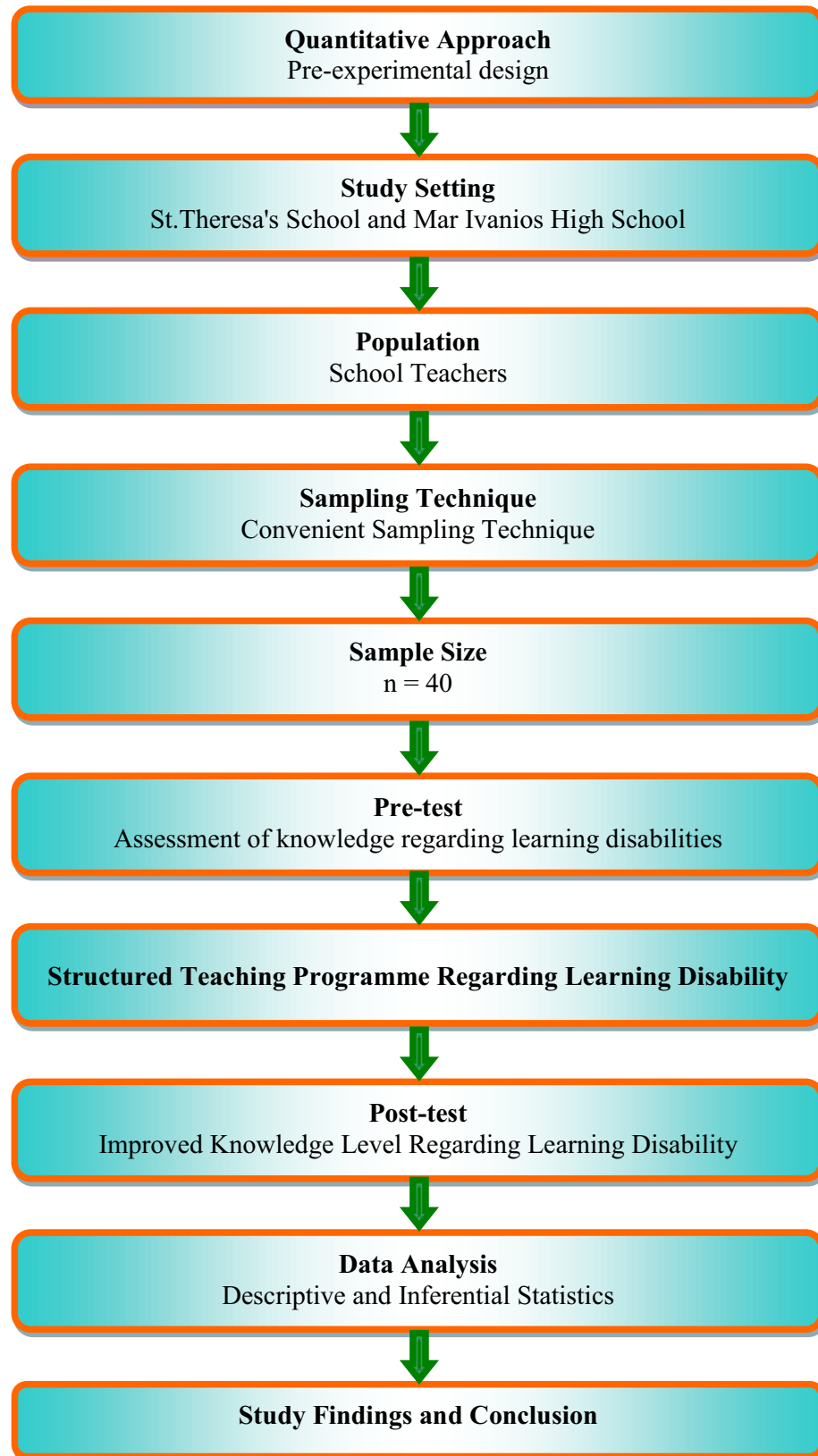


Figure. 5 Overall View of Research Methodology

CHAPTER - IV

Data Analysis and Interpretation

This chapter deals with the analysis and interpretation of data from the school teachers at selected schools, Kerala to assess the knowledge regarding learning disabilities.

The findings based on the description and inferential analysis tabulated as follows:

Section - I : Distribution of demographic variables of school teachers

Section - II : Description of school teachers' knowledge regarding learning disabilities.

Section - III : Distribution of Statistical value of pre-test and post-test knowledge regarding learning disabilities.

Section - IV : Association of demographic variables with post-test score of knowledge regarding learning disabilities among the school teachers.

SECTION – I

Table. 2 Distribution of Demographic Variables of School Teachers

(n = 40)

S.No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	Age in years		
	a) 26-30 years	21	52.5%
	b) 31-35 years	6	15%
	c) 36-40 years	10	25%
	d) Above 40 years	3	7.5%
2.	Sex		
	a) Male	0	0
	b) Female	40	100
3.	Qualification		
	a) TTC	9	22.5%
	b) B.Ed.	26	65%
	c) M.Ed.	0	0
	d) Degree	5	12.5%

(Table 2 continued)

(Table 2 continued)

S.No.	Demographic Variables	Frequency (f)	Percentage (%)
4.	Years of experience		
	a) Less than 3 years	19	47.5%
	b) 4-6 years	8	20%
	c) 7-10 years	8	20%
	d) 11-13 years	5	12.5%
5.	Nature of the employment		
	a) Temporary	28	70%
	b) Permanent	12	30%
6.	Previously identified children with learning disabilities		
	a) Yes	14	35%
	b) No	26	65%

Table 1 shows that distribution of demographic variables of the school teachers

With regard to the distribution of age of the school teachers, 21 (52.5%) belongs to 26-30 years, 6 (15%) were belongs to 31-35 years 10(25%) were belongs to 36-40 years, 3 (7.5%) were belongs to <40 years.

While considering the sex of the school teachers, 40(100%) were female teachers

About qualification of teachers, 9(22.5%) teachers were completed TTC, 26(65%) were completed B.Ed 5(12.5%) were completed degree.

Looking to the years of experience, 19(47.5%) were having below 3 years of experience, 8(20%) were having 4 bytes of experience, 8(20%) were having 7-10 years and 5(12.5%) were having 11-13 years of experience.

In nature of employment 28(70%) of the teachers are temporary and 12(30%) of the teachers are permanent.

With regard to teachers identified children with learning disability, 14(35%) teachers identified learning disability and 26(65%) teachers did not identified learning disability.

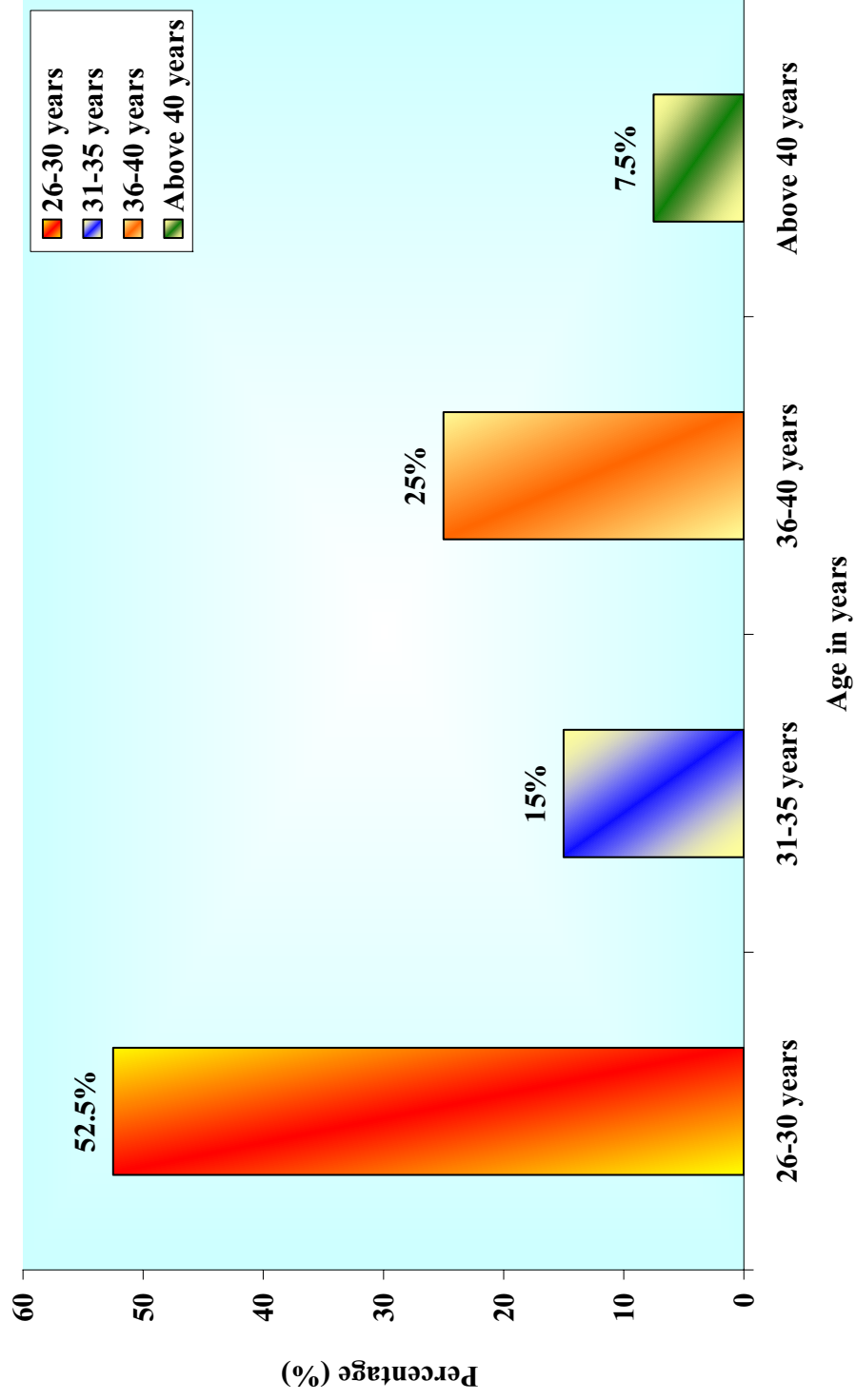


Figure. 5 Distribution of Demographic Variables According to the Age of School Teachers

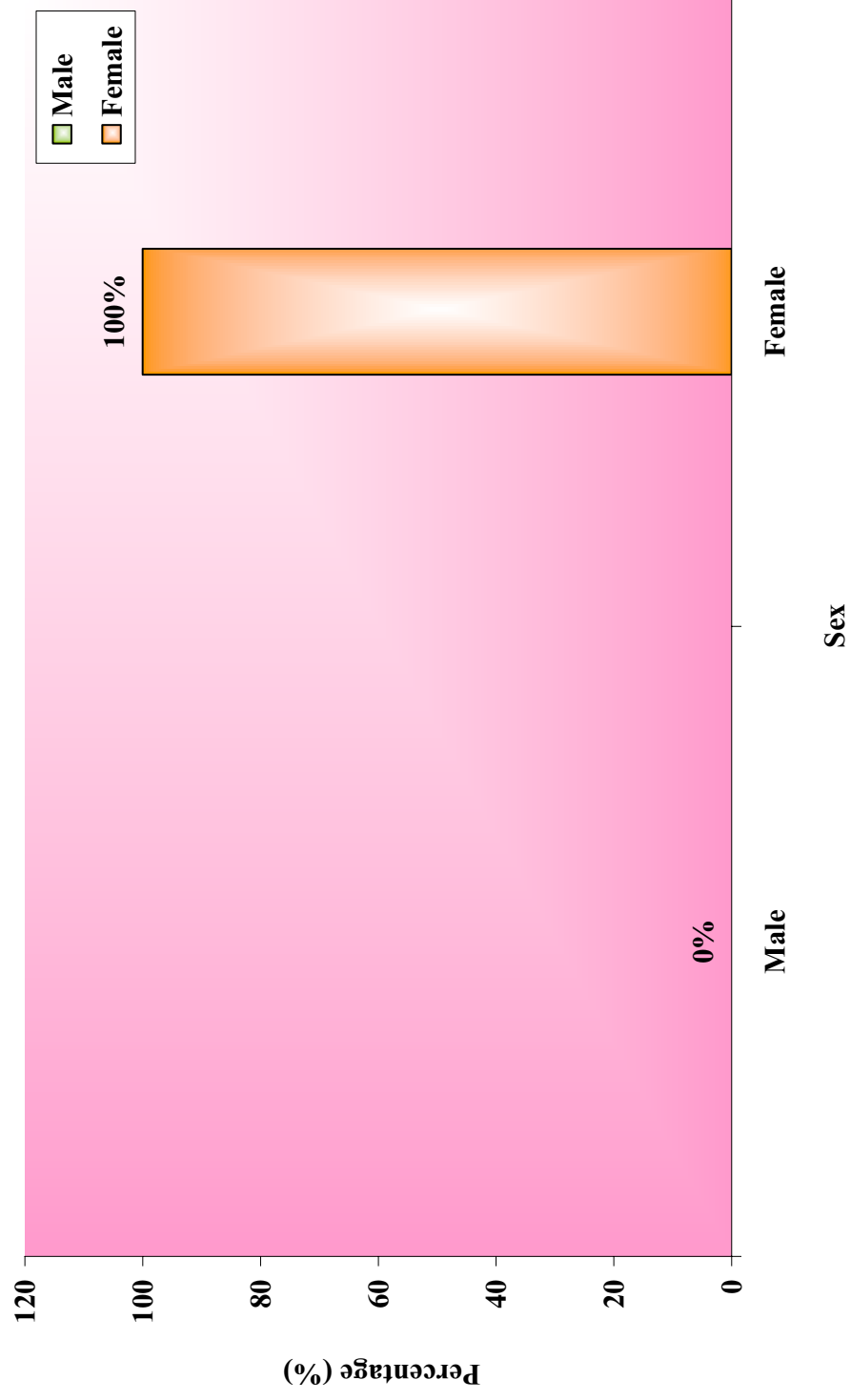


Figure. 6 Distribution of Demographic Variables According to the Sex of School Teachers

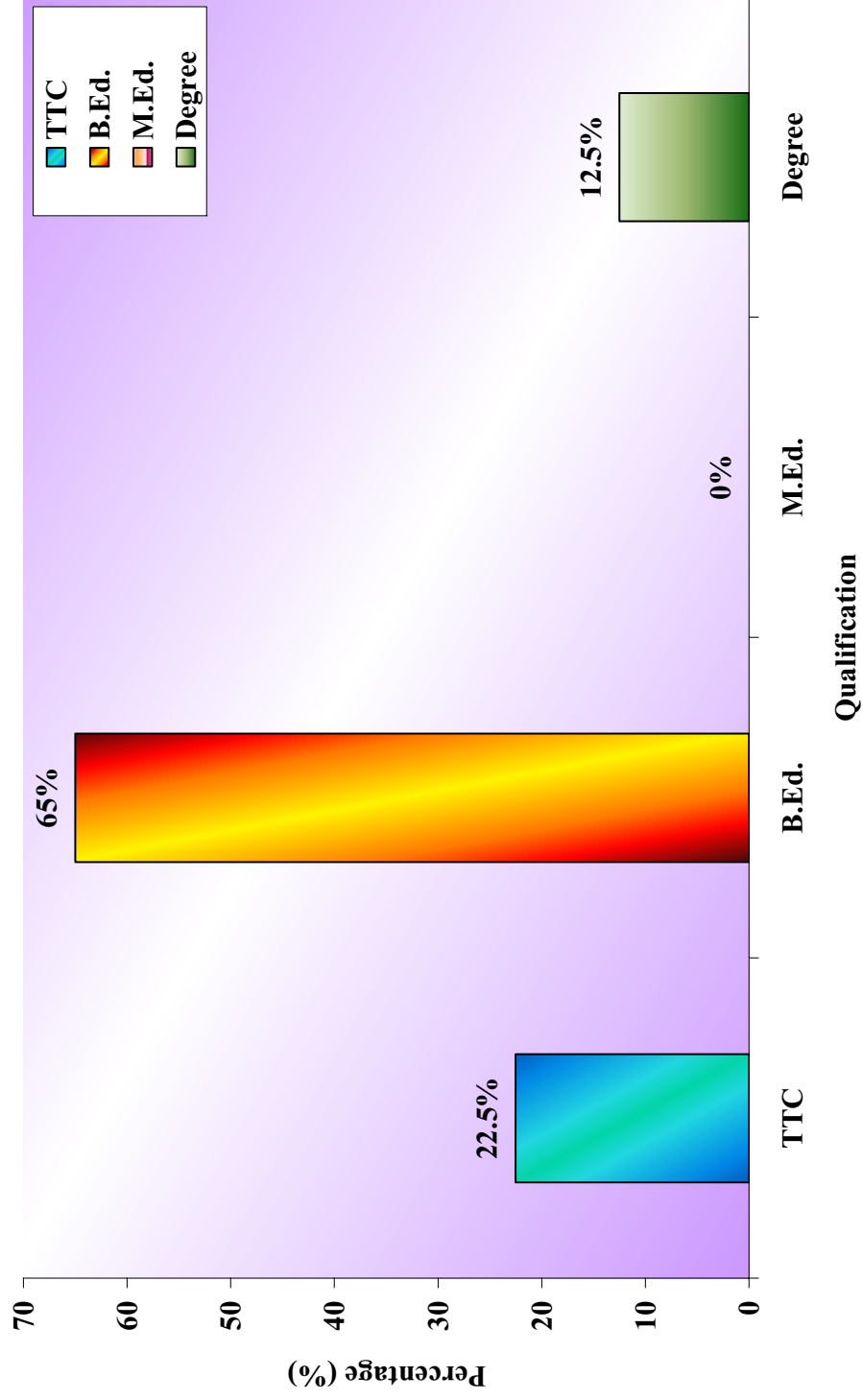


Figure. 7 Distribution of Demographic Variables According to the Qualification of the School Teachers

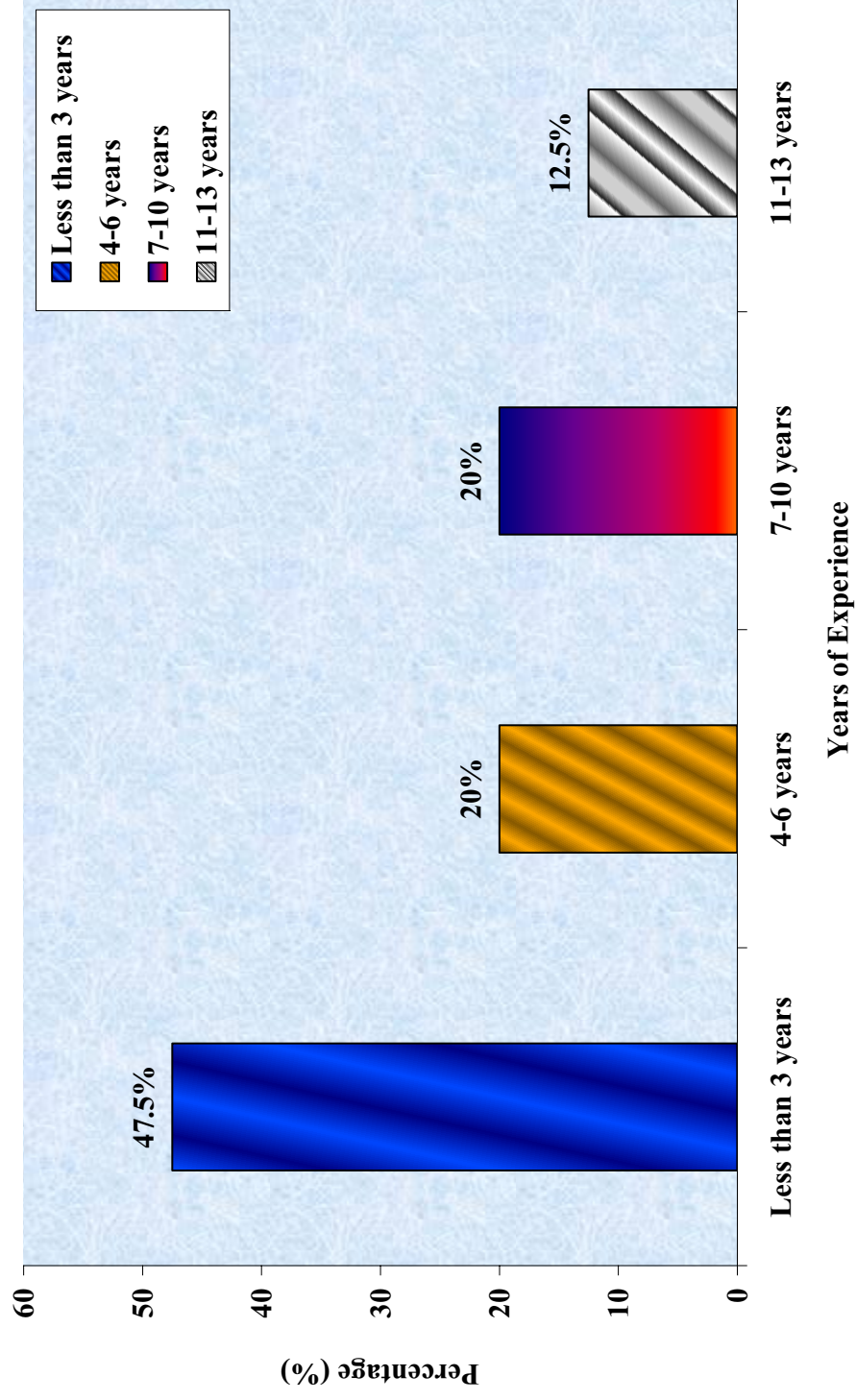


Figure. 8 Distribution of Demographic Variables According to the Year of Experience of the School Teachers

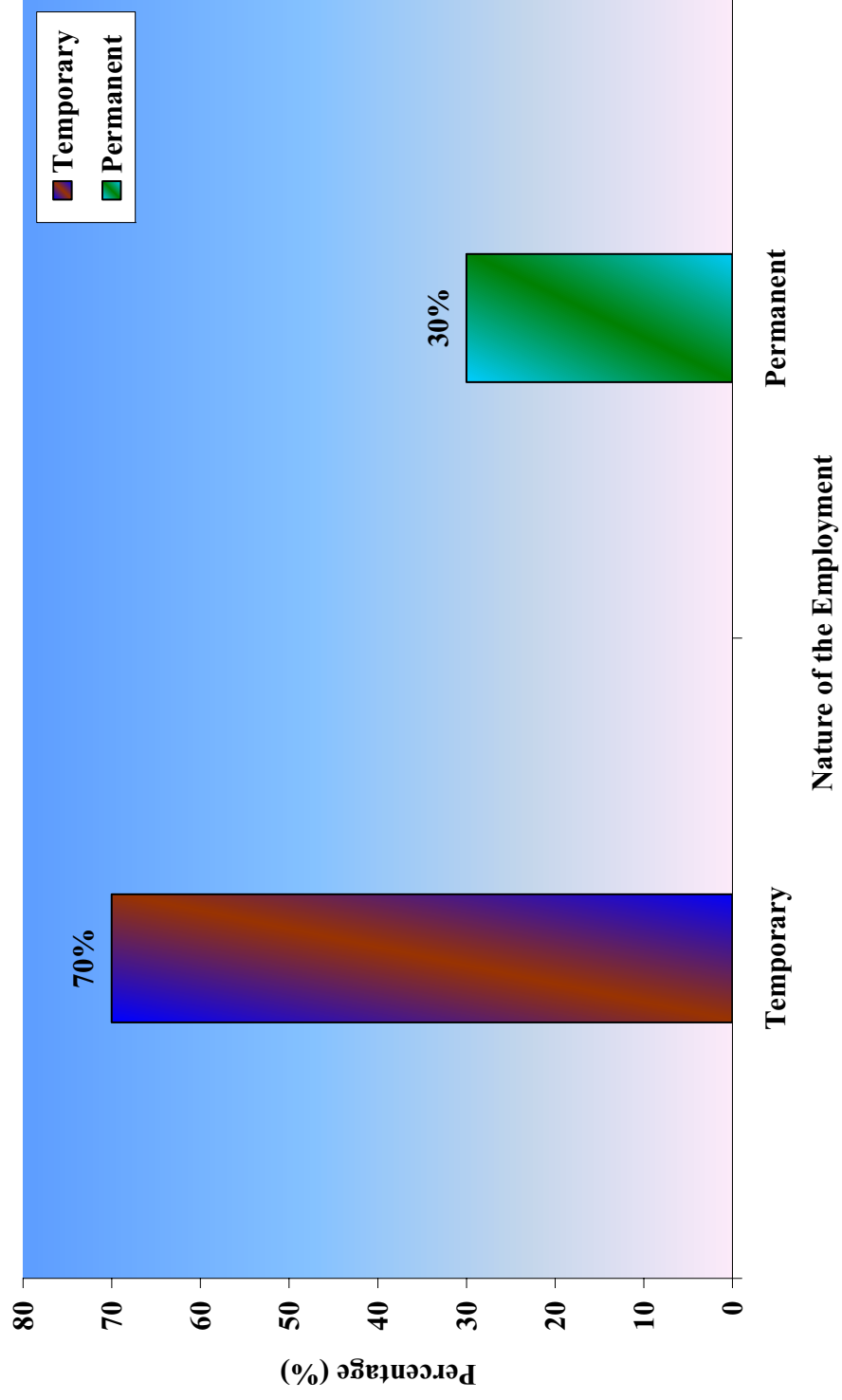


Figure. 9 Distribution of Demographic Variables According to the Nature of the Employment of School Teachers

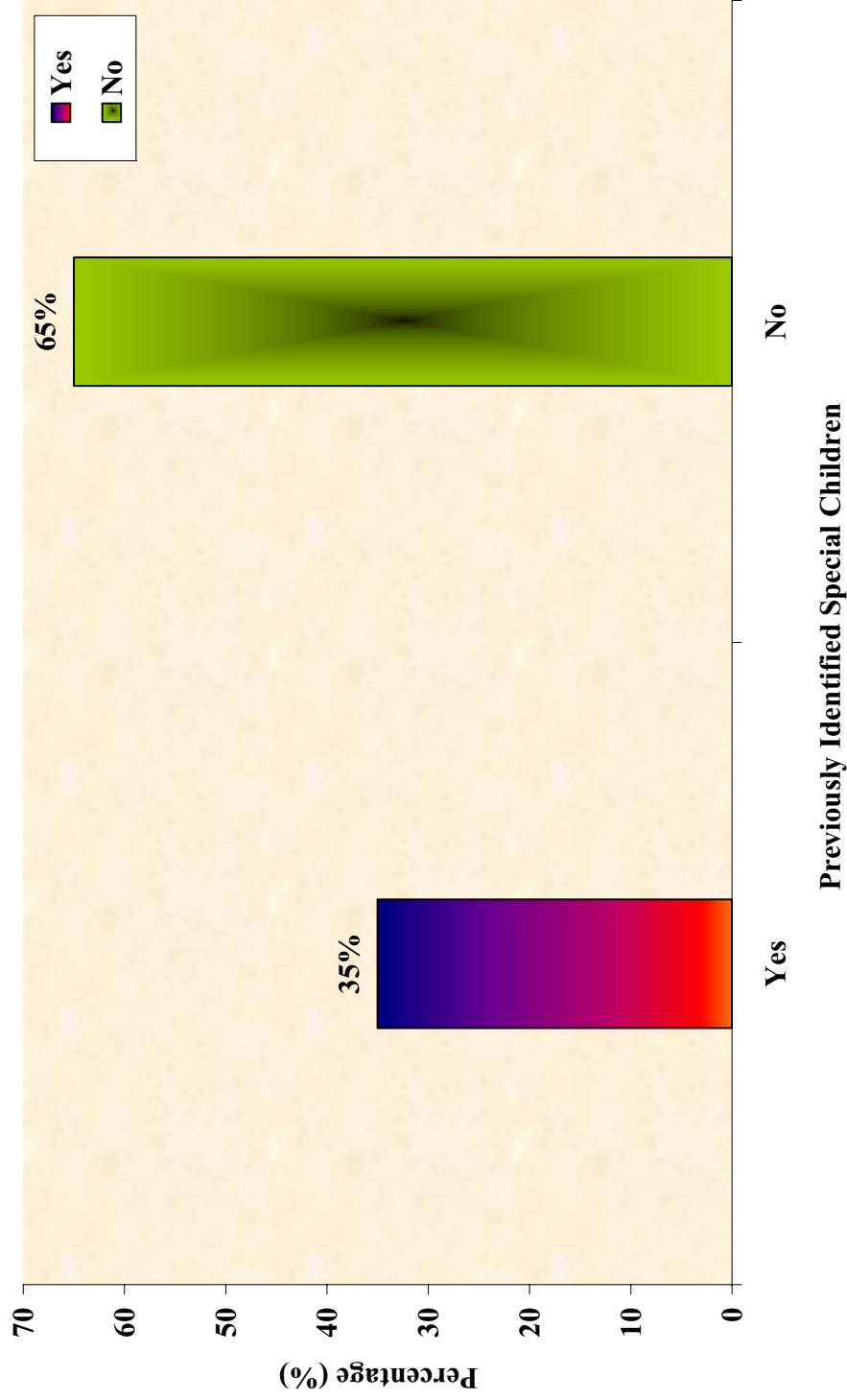


Figure. 10 Distribution of Demographic Variables According to the School Teachers with Previously Identified Children with Learning Disabilities

SECTION - II

Table. 3 Description of Pretest and Post Test Knowledge of the School Teachers Regarding Learning Disabilities

(n = 40)

Level of Knowledge	Pre-test						Post-test					
	Inadequate		Moderately Adequate		Adequate		Inadequate		Moderately Adequate		Adequate	
	f	%	f	%	f	%	f	%	f	%	f	%
	3	7.5	35	87.5	2	5	0	0	4	10	36	90

Table 3 shows that distribution of level of knowledge before administration of structured teaching programme. During the pretest 3 (7.5%) school teachers showed inadequate knowledge, most of the school teachers 35(87.5) demonstrated moderately adequate knowledge, and 2 (5%) teachers had adequate knowledge regarding learning disabilities. During the post test, 0(0) were demonstrated inadequate knowledge, 4 (10%) of school teachers should had moderately adequate knowledge and most of the school teachers 36(90%) had adequate knowledge about learning disabilities.

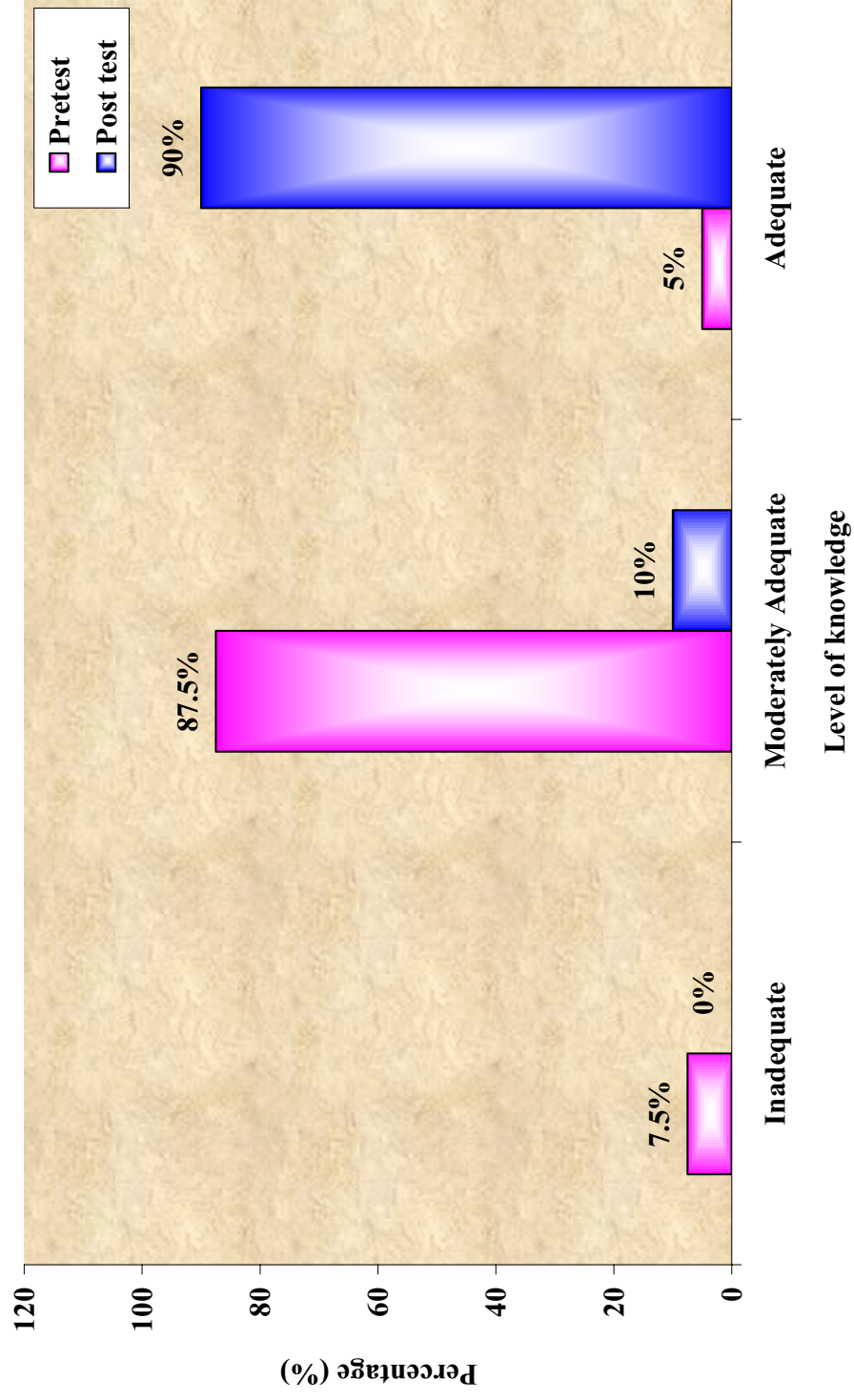


Figure. 11 Distribution of Pre-test and Post-test Knowledge of the School Teachers Regarding Learning Disabilities

SECTION - III

Table. 4 Distribution of Statistical Value of Pretest and Post Test Knowledge Regarding Learning Disabilities

(n = 40)

S. No.	Knowledge	Mean	S.D	't' value
1.	Pre test	14	3.72	14.02*
2	Post test	25.29	3.12	

*significant at 0.05 level

Table 4 shows that the mean pretest score of knowledge was 14, SD 3.6 and post-test mean score of knowledge was 24.35 SD (2.89). For 29 degree of freedom at 5% level of significance the calculated 't' value was (14.02) .Hence the calculated 't' value is more than table value (2.064). It reveals that there was significance difference in the pre -test and post- test level of knowledge. So the hypothesis is accepted.

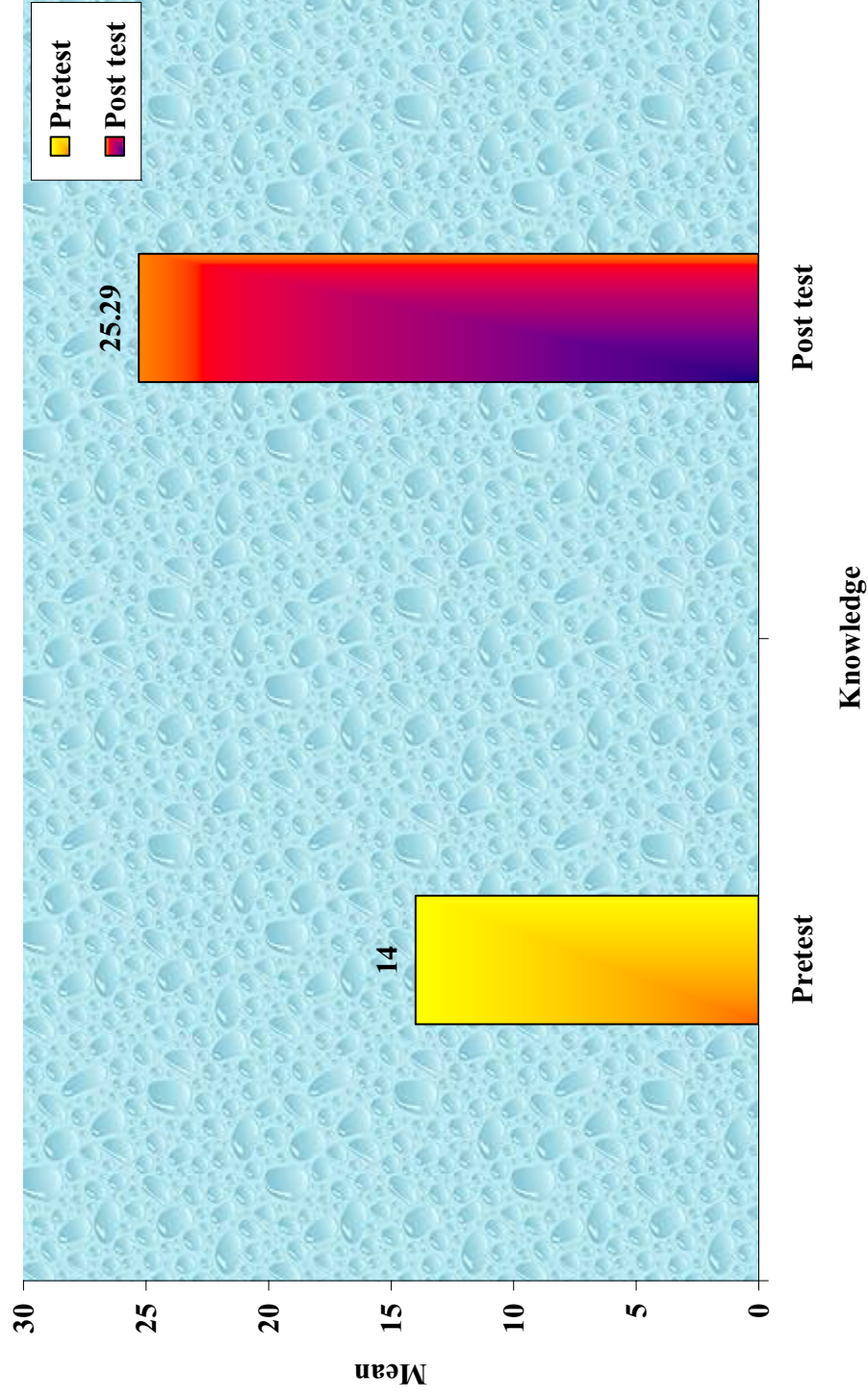


Figure. 12 Distribution of Statistical Value of Pre-test and Post-test Knowledge Regarding Learning Disabilities

SECTION - III

Table. 5 Association of Demographic Variables with Post Test Score Knowledge Regarding Learning Disabilities Among the School Teachers

(n = 40)

S. No.	Demographic Variables	Above Mean	Below Mean	χ^2
1.	Age in years			
	a) 26-30 years	5	9	8.55*
	b) 31-35 years	7	1	
	c) 36-40 years	12	3	
	d) Above 40 years	1	2	
2.	Sex			
	a) Male	0	0	1.25
	b) Female	25	15	
3.	Qualification			
	a) TTC	8	2	2
	b) B.Ed.	15	9	
	c) M.Ed.	0	0	
	d) Degree	2	4	

S. No.	Demographic Variables	Above Mean	Below Mean	χ^2
4.	Years of Experience a) Less than 3years b) 4-6 years c) 7-10 years d) 11-13 years	12 4 4 5	7 3 3 2	0.74
5.	Nature of the employment a) Temporary b) Permanent	18 7	11 4	1.88
6.	Previously identified children with problems of special children a) Yes b) No	15 9	11 5	4.02*

*significant

The study shows that there is a significant association between the age of the school teachers and previously identified learning disability with the knowledge of the post test score is significant at 0.05 level. There is no significant association between sex, qualification, year of experience, nature of employment, shows no significant association with the post test score.

CHAPTER - V

Results and Discussion

This is a pre-experimental study indented to evaluate the effectiveness of structured teaching programme regarding learning disabilities among the school teachers in selected schools at Kerala. The results of the study are discussed according to the objectives.

The First Objective of the Study to Assess the Level of Knowledge Regarding Learning Disabilities among School Teachers

Structured questionnaire method was used to assess the pretest score of knowledge regarding learning disabilities among the school teachers. During the pre-test 3(7.5%) teachers showed inadequate knowledge, most of the teachers 35(87.5%) demonstrated moderately adequate knowledge and 2 (5%) adequate knowledge regarding learning disabilities. During the post-test, 0(0) were demonstrated inadequate knowledge, 4(10%) of teachers showed moderately adequate knowledge and most of the teachers 36(90%) showed adequate knowledge about learning disabilities of children.

Joshua Yeldose (2010) conducted a study to assess the effectiveness of structured teaching programme regarding learning disabilities among the school teachers. The study conducted among 40 teachers. The study revealed that teaching was effective in increasing the level of knowledge and practice of teaching.

The Second Objective of the Study was to Deliver the Structured Teaching Programme Regarding Learning Disabilities Among the School Teachers

The structured teaching programme was given to the teachers at St. Theresa's and Mar Ivanios School, Kerala. Teaching was given for two days through power point presentation. It included the definition, types, etiology, symptoms, diagnostic evaluation, identification, treatment, tips for working students with learning disabilities and the rights and responsibilities of both the teacher and the students regarding learning disabilities of children. The teaching duration was for one week in four sessions which was for about 1 hour in two schools. It was found to be effective as they were communicating and clarifying their doubts related to learning disabilities of children.

Dileep Natekar (2012) conducted study, to assess the knowledge of primary school teachers regarding learning disabilities of children and their difficulties in academic performance, among children in Bangalore. Self- administered structured questionnaire was prepared and administered to 50 school teachers between 1-7th standard based on purposive sampling technique.

The Third Objective of the Study was to Evaluate the Effectiveness of Structured Teaching Programme regarding Learning Disabilities

Structured questionnaire method was used to assess the knowledge among school teachers at selected schools after the structured teaching programme. The mean of the score of pre-test knowledge was 14, Standard Deviation is (3.6) and the mean of the score of post-test knowledge was 24.35, Standard Deviation (2.89) for 39 degree of freedom at 5% level of significant, the calculated 't' value 14.02. Hence the

calculated 't' value was more than the expected table value(2.064). It revealed that there was a significant difference in the pre-test and post-test level of knowledge and the hypothesis is accepted.

Priyesh Bhanwara (2012) described that the planned teaching is effective in increasing the knowledge regarding learning disabilities. The study was conducted in selected schools of Pune city. The samples were teachers both male and female. Sample size was 60. non-convenient purposive sampling technique was used.

The Fourth Objective of the Study was to Find out the Association Between Selected Demographic Variables with Post Test Knowledge Score of Learning Disability

The fourth objective of the study was to find out the association between selected demographic variables with the post-test knowledge score of learning disabilities. There is a significant association between the age of the school teachers and previously identified learning disability with the knowledge of the post test score is significant at 0.05 level.

There is no significant association between sex, qualification, year of experience, nature of employment, shows no significant association with post-test score.

CHAPTER - VI

Summary, Conclusion, Nursing Implication, Limitation and Recommendation

Summary

The purpose of the study was to help the teachers to improve the knowledge regarding learning disabilities.

The Following Objectives were Set for the Study

- To assess the level of knowledge on behavioral learning disabilities among school teachers.
- To deliver structured teaching programme on learning disabilities among school teachers
- To evaluate the effectiveness of structured teaching programme on learning disabilities among the school teachers
- To find out the association between selected demographic variables with the post-test knowledge score of learning disabilities.

The Alternative Hypothesis Set for the Study

There is significant efficient of structured teaching programme regarding knowledge among school teachers at selected schools, Kerala.

Major Findings of the Study Were as Follows

- The pretests mean score of knowledge was 14.
- The post-test mean score of knowledge among school teachers was 24.35

- The calculated 't' value for knowledge score was 14.02 at 29 degree of freedom at 0.05 level of significant
- There was significant association between post-test knowledge with age, previously identified children with learning disabilities.
- There was no significant association between post-test knowledge with sex, qualification year of experience, nature of employment.

Conclusion

The calculated "t" value of knowledge score was 14.02 at 29 degree of freedom at 0.05 level of significance which indicates the structured teaching programme was effective in improving the knowledge regarding learning disabilities.

There was significant association between post-test knowledge with age, previously identified children with learning disabilities. There was no significant association between post-test knowledge with age, sex, qualification and year of experience.

Nursing Implications

Learning disabilities in the children is not cured but must be managed through early identification by timely health education. The findings of the study have implications on nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice

This study emphasis in improving the knowledge regarding learning disabilities through educative measures.

- Teaching programme can be conducted for the school teachers.
- More knowledge regarding learning disabilities will help for early identification of the learning disabilities of children.
- Health education can also provide with media, pamphlets which will help the client to increase the knowledge regarding learning disabilities among the school teachers.
- Nurses' active participation in school health programmes by providing direct and indirect care helps to achieve the goals of health services. Teachers deficit in knowledge regarding learning disabilities indicate the needs for arranging health education session in related topics.
- Nurses should focus on psychiatric rehabilitation in the community setting by using health teaching regarding learning disabilities.

Nursing Education

- Nurse Educator should emphasize more on preparing students to impart health information to the public regarding children with learning disabilities.
- The study has clearly proved that structured teaching programme was effective in improving the knowledge regarding learning disabilities. To practice this, the nursing personal needs to be equipped with adequate knowledge and practice regarding structured teaching programme.
- The curriculum of nursing education should enable student nurse to equip themselves within the knowledge of learning disabilities of the children.
- The nursing education should give more importance to the application of theory in to a practice.

Nursing Administration

- Nurse as an administrator should take limitation in formulating policies and protocols for short and long term health teaching.
- The nursing administration should motivate the subordinate for participating in various educational programmes and improve their knowledge and skills.
- The administrator serves as a reserves person for young nursing students, parents and school teachers for proving guidance and counseling forchildren with learning disabilities.
- The nurse administrator has the power to formulate pamphlet and flashcards for the awareness of learning disabilities of the children among the school teachers.
- Cassettes about learning disabilities of children can made available to nurse educator in nursing education institution.

Nursing Research

- There is a good scope for nurse to conduct research in this area, to find out the effectiveness of various teaching strategy to educate the teachers and the parents
- The effectiveness of the research study can be made by further implication of the study.
- Can be used for evidence based nursing practice as a rising trend

Limitations

- The study findings can be generalized only to the selected school teachers.
- The size of the sample only 40 hence the finding should be generalized with caution.
- Study was limited to one month, improvement in knowledge take place slowly.
- The study did not use any control group. There was a possibility of threat to internal validity such as events occurring between pre-test and post-test session like mass media or other people can influence the school teachers' knowledge.

Recommendation

- Similar study can be conducted in a large group to generalize the study findings.
- The study can be conducted to assess the attitudes and coping strategy of school teachers towards children with learning disabilities.
- Comparative study can be done between urban and rural areas.
- A quasi experimental study can be conducted with control group for the effective comparison.
- This study can be conducted as descriptive study to assess the extent nature of learning disabilities of children.
- A study can be conducted in term of knowledge, attitude and practice of alternative learning methods among school teachers of children with learning disabilities.
- A study can be conducted in the community the prevalence and types of learning disabilities among children.

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Unpublished Thesis

- Reeya John (2012). *A study to assess the effectiveness of computer assisted teaching programme on knowledge and attitude regarding dyslexia among school teachers at selected schools in Coimbatore*. Un published Master's thesis. The Tamilnadu Dr. MGR Medical University, Chennai.

ABSTRACT

Statement of the Problem : A study to assess the effectiveness of structured teaching program on knowledge regarding learning disabilities among school teachers at selected schools, Kerala. **Objectives :** **a)** To assess the level of knowledge regarding learning disabilities among school teachers. **b)** To deliver structured teaching program regarding learning disabilities among school teachers. **c)** To evaluate the effectiveness of structured teaching program regarding learning disabilities. **d)** To find out the association between selected demographic variables with the post-test knowledge score of learning disabilities. **Methodology :** one group pre-test and post-test design, pre-experimental design. The samples for the study consist of 40 school teachers selected by convenient sampling technique. A structured knowledge questionnaire was used to assess the knowledge. **Result :** Inferential and descriptive statistics were used to analyze the values. The obtained 't' value in knowledge was higher than the table value. **Conclusion :** This study shows an improvement in knowledge after the educational intervention.



P.P.G COLLEGE OF NURSING

(A Unit of P. Perichi Gounder Memorial Charitable Trust)

(Affiliated to the Tamilnadu Dr. MGR Medical University)

(Approved by Government of Tamilnadu)

(Recognised by Indian Nursing Council)

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To

Through

The Principal,

PPG College of Nursing

Coimbatore – 35.

Respected Sir,

Sub : Seeking permission for conducting research study

I am a student of M.Sc Nursing in PPG College of Nursing. Our college is affiliated to the Tamilnadu Dr. M. G. R Medical University, Chennai. I have taken the specialization in Mental Health Nursing.

Topic : A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING LEARNING DISABILITIES AMONG SCHOOL TEACHERS AT SELECTED SCHOOLS, KERALA

I request you to kindly permit me to conduct my study in your Hospital. Hope you will consider my requisition and do the needful.

Thanking you,

Yours sincerely,

Date :

Place : Coimbatore

Requisition Letter for Content Validity

From

M.Sc (N) II Year,
PPG College of Nursing,
Coimbatore – 35.

To

Through : Principal, PPG College of Nursing

Respected Sir/Madam,

Sub : Requisition for expert opinion and suggestion for content validity of tool

I am a student of M.Sc (N) II year, PPG College of Nursing affiliated to the Tamilnadu Dr. M. G. R. Medical University, Chennai. As a partial fulfillment of the M.Sc (N) programme. I am conducting

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON KNOWLEDGE REGARDING LEARNING
DISABILITIES AMONG SCHOOL TEACHERS AT SELECTED SCHOOLS,
KERALA**

Herewith I have enclosed the developed tool for content validity and for the expert opinion and possible solution. It would be very kind of you to return the same as early as possible.

Thanking you,

Yours faithfully,

PPG College of Nursing
Format for the Content Validity

Name of the expert :

Address :

Total content for the tool :

Kindly validate each tool and tick wherever applicable

S.No	No. of Tool/Section	Strongly Agree	Agree	O.K	Not Applicable	Need Modification	Remarks

Remarks

Signature of the Expert with Date

LIST OF EXPERTS

1. Dr. RAJENDRAN, M.D

Consultant Psychiatrist,

E.S.I. Hospital,

Coimbatore.

2. Dr. SUSILA KUMARI, Ph.D.,

Principal,

Annai Meenakshi College of Nursing,

Coimbatore.

3. Dr. ARUL VADIYVU,

Psychologist,

District School Health Services,

Coimbatore.

4. Prof. JANCY RACHEL, M.Sc(N).,

Department of Mental Health Nursing,

CSI JayarajAnnabackiam College of Nursing,

Madurai.

5. Asst. Prof. FLEMING ANDREW TOM, M.Sc. (N).,

Department of Mental Health Nursing

Sakthi College of Nursing,

Karur.

SECTION – A

Demographic Variables

Instructions

Read the following questions carefully and give tick [✓] in a given boxes for correct answers.

Sample No. : _____

1. Age

- a) 26-30 years ☐
- b) 31-35years ☐
- c) 36-40 years ☐
- d) Above 40 ☐

2. Sex

- a) Male ☐
- b) Female ☐

3. Qualification

- a) TTC ☐
- b) B.Ed ☐
- c) M.Ed ☐
- d) Degree ☐

4. Year of experience

- a) Less than 3 years ☐
- b) 4-6 years ☐
- c) 7-10 years ☐
- d) 11-13years ☐

5. Nature of the employment

- a) Temporary ☐
- b) Permanent ☐

6. Previously identified child with problems of learning disabilities

- a) Yes ☐
- b) No ☐

SECTION - B

Structured Questionnaire for Assessment of Knowledge

Instructions

Kindly go through each item of the questionnaire carefully and Indicate your response by placing a [✓] tick mark in the box given.

1. What is mean by learning disability?

- a) Physical problem ☐
- b) Psychiatric problem ☐
- c) Emotional problem ☐
- d) Emergency problem ☐

2. Learning disability involves alteration of ?

- a) Cognitive process ☐
- b) Visual ability ☐
- c) Hearing capacity ☐
- d) Motor ability ☐

3. What is the cause of learning disability?

- a) Physical causes ☐
- b) Neurological conditions ☐
- c) Chemical causes ☐
- d) Inflammatory causes ☐

4. Prevalence of learning disability more in ?

- a) Women ☐
- b) Boys ☐
- c) Adolescents ☐
- d) Low economic classes ☐

5. What is the characteristic of learning disability?

- a) Memory and thinking disorder ☐
- b) Sleep disorder ☐
- c) Continuous fever ☐
- d) Motor disorder ☐

6. Pick out the type of learning disability?

- a) Dyspnoea ☐
- b) Discalculia ☐
- c) Dysrhythmia ☐
- d) Azotemia ☐

7. What is dyslexia?

- a) Mathematical disability ☐
- b) Language disability ☐
- c) Writing disability ☐
- d) Sensory deprivation ☐

8. In Which condition the child having difficulty in mathematical calculations?

- a) Dyscalculia ☐
- b) Visual disability ☐
- c) Dysgraphia ☐
- d) Hearing disability ☐

9. A child with difficulty in writing the notes can be diagnosed as ?

- a) Dysgraphia ☐
- b) Attention deficit disorder ☐
- c) Memory impairment ☐
- d) Thinking disorder ☐

10. What is the comorbidity of learning disorder?

- a) Mania ☐
- b) Attention deficit disorder ☐
- c) Dementia ☐
- d) Physical illness ☐

11. Which is the identification criterion for learning disability?

- a) Visual acuity ☐
- b) Reading comprehension ☐
- c) Facial expression ☐
- d) Memory involvement ☐

12. Learning disability is manifested as _____

- a) Anger and jealousy ☐
- b) Inadequate sleep ☐
- c) Poor academic performance ☐
- d) Hunger and thirsty ☐

13. What can be identified with response to intervention method?

- a) Learning disability ☐
- b) Memory ☐
- c) Attention ☐
- d) Vision ☐

14. Three-tier model is otherwise called ?

- a) Response to intervention method ☐
- b) Rutter scale ☐
- c) Discrepancy model ☐
- d) Child behavior checklist ☐

15. Which approach is effective for child with learning disability?

- a) Interview ☐
- b) Task analysis ☐
- c) Questionnaire ☐
- d) Assignment ☐

16. What is the type of accommodation for learning disability?

- a) Light source ☐
- b) Less students ☐
- c) Setting ☐
- d) Question format ☐

17. What is response format?

- a) Larger print ☐
- b) Questions and answers on same page ☐
- c) Test items for the student ☐
- d) Answers on large spaced paper ☐

18. Which is the effective procedure for learning disability?

- a) Read fast and loudly ☐
- b) Use small letters ☐
- c) Individual assignments ☐
- d) Using visuals ☐

19. Dysorthographia is difficulty in ?

- a) Using clues ☐
- b) Putting attention ☐
- c) Thinking ☐
- d) Making decisions ☐

20. What is involved in discrepancy formula?

- a) IQ ☐
- b) Standard ☐
- c) Subject ☐
- d) Year of study ☐

21. What can be used as a resource for learning disability?

- a) Textbooks ☐
- b) Assessment Centre ☐
- c) Periodicals ☐
- d) Co-workers ☐

22. What is presentation format?

- a) Testing in separate group ☐
- b) Students verbal answers ☐
- c) Use of word processor ☐
- d) Test items to be read to students ☐

23. Which population is more prone to learning disability?

- a) North Africans ☐
- b) African Americans ☐
- c) South Africans ☐
- d) Indo Americans ☐

24. What the following is a letter reversal?

- a) 6 for 9 ☐
- b) P for Q ☐
- c) b for d ☐
- d) 1 for 7 ☐

25. What is reasoning?

- a) Answering the questions ☐
- b) Remembering the answers ☐
- c) Organizing the thoughts ☐
- d) Taking the notes ☐

26. A student with difficulty in reading the single word is having ?

- a) Dyslexia ☐
- b) Dysgraphia ☐
- c) Dyscalculia ☐
- d) Dysorthographia ☐

27. Cramped and unusual grip are seen in ?

- a) Dyslexia ☐
- b) Visual impairment ☐
- c) Dyscalculia ☐
- d) Dysgraphia ☐

28. Who developed the criteria for identification of learning disability?

- a) IDEA ☐
- b) ICMR ☐
- c) APA ☐
- d) ICD ☐

29. Which involves in response to intervention model?

- a) Direct instruction ☐
- b) Cognitive strategies ☐
- c) Giving assignments ☐
- d) Constant feedback ☐

30. Right of a student with learning disability is to ?

- a) Do anything as his/her wish ☐
- b) Get maximum marks ☐
- c) Be evaluated on ability ☐
- d) Skip from exams ☐

PART - B

Scoring Key

Question No.	Answer	Score
1.	b	1
2.	a	1
3.	b	1
4.	b	1
5.	a	1
6.	b	1
7.	b	1
8.	a	1
9.	a	1
10.	b	1
11.	b	1
12.	c	1
13.	a	1
14.	a	1
15.	b	1
16.	c	1
17.	d	1
18.	d	1
19.	a	1
20.	a	1
21.	b	1
22.	d	1
23.	b	1
24.	c	1
25.	c	1
26.	a	1
27.	d	1
28.	a	1
29.	b	1
30.	c	1

AV AIDS

What is a learning disability?

Having trouble:

- Processing information
- Organizing information
- Applying information



Types of Learning Disabilities

- Dyslexia
A language and reading disability
- Dyscalculia
Problems with arithmetic and math concepts
- Dysgraphia
A writing disorder resulting in illegibility
- Dyspraxia (Sensory Integration Disorder)
Problems with motor coordination
- Central Auditory Processing Disorder
Difficulty processing and remembering language-related tasks
- Non-Verbal Learning Disorders
Trouble with nonverbal cues, e.g., body language; poor coordination, clumsy
- Visual Perceptual/Visual Motor Deficit
Reverses letters; cannot copy accurately;
- Language Disorders (Aphasia/Dysphasia)
Trouble understanding spoken language; poor reading comprehension

Causes or Presumed causes of Learning Disabilities

- NO real causes
- Might be caused by:
 - Hereditary
 - Teratogenic
 - Medical
 - Environmental



Characteristics of Learning Disabilities

How will I know if my student has a LD?

- Most students exhibit uneven areas of ability
- Student is physically “normal”
- Average or above average intelligence
- Commonly found in classes: dyslexia and ADD/ADHD
- Many Learning Disabilities need to be medically diagnosed



Co-morbidity

- **Co-morbidity** means that certain diseases and disorders tend to occur together
- In **25%** of the cases of Learning disabilities, a co-morbid condition is **Attention Deficit/Hyperactive Disorder-AD/HD**

Teaching Strategies

- **Provide high structure and clear expectations.** Children who are LD tend to have difficulty focusing, getting started and setting priorities. Creating a clear structured program allows the student to be exposed to fewer distractions and possible avoidance and allow for greater focus on work related tasks.

Teaching Strategies

- **Allow flexibility in classroom procedures** (e.g., allowing the use of tape recorders for note taking and test-taking when students have trouble with written language). Keep in mind that the greater the number of options in responding to a task, the greater chance that a particular student's learning style will be useful and successful.

Teaching Strategies

- **Give constant feedback.** Many children with learning disabilities tend to write negative scripts about their ability and their performance. Feedback in any form reduces this negative energy pattern and offers reality, the only thing that breaks down fear.

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON KNOWLEDGE REGARDING
LEARNING DISABILITIES AMONG SCHOOL
TEACHERS AT SELECTED SCHOOLS,
KERALA**



HEALTH EDUCATION
ON
LEARNING DISABILITIES

HEALTH EDUCATION
ON LEARNING DISABILITIES

Topic	: Learning Disabilities
Time	: 1 Hour
Place	: St. Theresa's High School and Mar Ivanios High School
AV aids	: Power Point Presentation
Group	: School Teachers

General Objective

At the end of health education the group/individual will be able to gain knowledge on learning disabilities.

Specific Objectives

The teachers will be able to:

- define learning disabilities
- enumerate the causes of learning disabilities
- explain the characteristics of learning disabilities
- briefly explain the types of learning disabilities
- describe the identification of child with learning disabilities
- narrate the teaching approaches
- discuss the teaching strategies
- explain about the accommodations for the child
- note the procedures can be effective for the child
- list out the rights and responsibilities of the child and teacher
- brief the tips for working with students with learning disabilities

Time	Specific Objective	Content	Teacher's Activity	Learner's Activity	A.V Aids	Evaluation
1 min		<p>Introduction</p> <p>A learning disability is a disorder of one or more cognitive processes and may impact a student's ability to process reading, produce writing, and/or comprehend math. Learning disabilities can affect one's ability to read, write, speak, spell, compute math, reason and also affect a person's attention, memory, co-ordination, social skills and emotional maturity. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.</p>	<p>L</p> <p>E</p> <p>C</p> <p>T</p> <p>U</p> <p>R</p> <p>I</p> <p>N</p> <p>G</p>	<p>T</p> <p>E</p> <p>A</p> <p>C</p> <p>H</p> <p>I</p> <p>N</p> <p>G</p>	<p>P</p> <p>O</p> <p>W</p> <p>E</p> <p>R</p> <p>P</p> <p>O</p> <p>I</p> <p>N</p> <p>T</p>	

2	min	define learning disability	<p>Definition</p> <p>Learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.</p> <p>- I.D.E.A-04</p> <p>Prevalence</p> <ul style="list-style-type: none"> ➤ Three to four times more boys receive services for learning disabilities than girls. ➤ African Americans are underrepresented in this category (and over-represented in the intellectual disabilities category). ➤ Prevalence by state varies. ➤ 6 % to 8 % of school age population 	L E C T U R E I N G	T E A C H I N G	P O W E R P O I N T	What is mean by learning disability?
---	-----	----------------------------	--	--	--------------------------------------	--	--------------------------------------

5 min	enumerate the causes of learning disabilities	<p>Causes</p> <p>a. Unknown Cause</p> <p>b. Possible Causes</p> <ul style="list-style-type: none"> ➤ Neurological ➤ Genetic ➤ Environmental ➤ Prenatal ➤ Perinatal ➤ Postnatal ➤ Teratogenicity ➤ Medical <p>c. Other Causes</p> <p>Head injuries, nutritional deprivation, poisonous substances, (e.g., lead), and child abuse can contribute to learning disabilities</p>	<p>L</p> <p>E</p> <p>C</p> <p>T</p> <p>U</p> <p>R</p> <p>I</p> <p>N</p> <p>G</p>	<p>T</p> <p>E</p> <p>A</p> <p>C</p> <p>H</p> <p>I</p> <p>N</p> <p>G</p>	<p>P</p> <p>O</p> <p>W</p> <p>E</p> <p>R</p> <p>P</p> <p>O</p> <p>I</p> <p>N</p> <p>T</p>	List-out the causes of learning disability?
-------	---	---	--	---	---	---

3 min	<p>explain the characteristic of learning disability</p> <p>Characteristics</p> <ul style="list-style-type: none"> ➤ Hyperactivity ➤ Perceptual-motor impairments ➤ Emotional Liability ➤ Coordination deficits ➤ Attention disorders ➤ Impulsivity ➤ Memory & thinking disorders ➤ Specific learning disabilities ➤ Speech & hearing disorders ➤ Equivocal neurological signs <p>Other Traits that May be Present Include a Variety of Symptoms, Such as</p> <ul style="list-style-type: none"> ➤ Uneven and unpredictable test performance 	<p>L E C T U R E R I N G</p>	<p>T E A C H I N G</p>	<p>P O W E R P O I N T</p>	<p>Describe the characteristics of learning disability?</p>
-------	---	------------------------------	------------------------	----------------------------	---

	<ul style="list-style-type: none"> ➤ Perceptual impairment ➤ Behaviours such as impulsiveness ➤ Low tolerance for frustration ➤ Problems in handling day-to-day social interactions and situations ➤ Inconsistent school performance ➤ Letter and number reversals (sees "b" for "d" or "p", "6" for "9", "pots" for "stop" or "post") ➤ Poor reading (below age and grade level) ➤ Frequent confusion about directions and time (right-left, up-down, yesterday-tomorrow) ➤ Personal disorganization (difficulty in following simple directions/schedules; has trouble organizing, planning, and making best use of time; frequent loss or misplacement of homework, schoolbooks, or other items) ➤ Failure on written tests but high scores on oral exams (or vice 	L E C T U R I N G	T E A C H I N G	P O W E R P O I N T	

		<p>versa)</p> <ul style="list-style-type: none"> ➤ Seems immature and has difficulty making friends. ➤ Trouble remembering what someone just told him or her. ➤ Poor coordination (in gross motor activities such as walking or sports and/or in fine motor activities such as tying a shoelace, holding a pencil, or handwriting - inconsistent, slow, messy, or illegible) ➤ Difficulty interpreting body language, facial expression, or tone of voice ➤ Difficulty with development of sound/symbol correspondence 	<p>L E C T U R I N G</p>	<p>T E A C H I N G</p>	<p>P O W E R P O I N T</p>	
3 min	<p>identify the academic areas involved</p>	<p>Academic Areas Involved</p> <ul style="list-style-type: none"> a. Spoken Language : Delays, disorders, or discrepancies in listening and speaking. b. Written language: Difficulties with reading, writing, and spelling; 				

5 min	briefly explain the types of learning disabilities	<p>c. Arithmetic : Difficulty in performing arithmetic functions or in comprehending basic concepts.</p> <p>d. Reasoning : Difficulty in organizing and integrating thoughts; and</p> <p>e. Organization Skills : Difficulty in organizing all facets of learning.</p> <p>Types</p> <p>a) <u>Dyslexia</u> - a language-based disability in which a person has trouble understanding words, sentences, or paragraphs.</p> <p>Symptoms in School Children</p> <p>Some of the symptoms in a primary school age child could include:</p> <ul style="list-style-type: none"> ➤ Problems with reading a single word. ➤ Regularly confuses certain letters when writing, such as 'd' and 'b' or 'm' and 'w'. ➤ Regularly writes words backwards, such as writing 'pit' when the 	L E C T U R E I N G	T E A C H I N G	P O W E R P O I N T	What are the types of learning disabilities?
-------	--	--	--	--------------------------------------	--	--

	<p>word 'tip' was intended.</p> <ul style="list-style-type: none"> ➤ Problems with grammar, such as learning prefixes or suffixes. ➤ Tries to avoid reading aloud in class. ➤ Doesn't like reading books. ➤ Reads below their expected level. <p>b) <u>Dyscalculia</u> - a mathematical disability in which a person has a difficult time solving arithmetic problems and grasping math concepts.</p>	<p>L E C T U R I N G</p>	<p>T E A C H I N G</p>	<p>P O W E R P O I N T</p>	
	<p>Symptoms in School Children</p> <p>Normal or accelerated language acquisition: verbal, reading, writing. Poetic ability. Good visual memory for the printed word. Good in the areas of science (until a level requiring higher math skills is reached), geometry (figures with logic not formulas), and creative arts.</p>				

		Difficulty with the abstract concepts of time and direction. Inability to recall schedules, and sequences of past or future events. Unable to keep track of time. May be chronically late.	L E C T U R I N G	T E A C H I N G	P O W E R P O I N T	
		Mistaken recollection of names. Poor name/face retrieval. Substitute names beginning with same letter.				
		Inconsistent results in addition, subtraction, multiplication and division. Poor mental math ability. Poor with money and credit. Cannot do financial planning or budgeting. Checkbooks not balanced. Short term, not long term financial thinking. Fails to see big financial picture. May have fear of money and cash transactions. May be unable to mentally figure change due back, the amounts to pay for tips, taxes, etc.				
		When writing, reading and recalling numbers, these common mistakes are made: number additions, substitutions, transpositions,				

	omissions, and reversals. Inability to grasp and remember math concepts, rules, formulas, sequence (order of operations), and basic addition, subtraction, multiplication and division facts. Poor long term memory (retention & retrieval) of concept mastery- may be able to perform math operations one day, but draw a blank the next! May be able to do book work but fails all tests and quizzes. May be unable to comprehend or "picture" mechanical processes. Lack "big picture/ whole picture" thinking. Poor ability to "visualize or picture" the location of the numbers on the face of a clock, the geographical locations of states, countries, oceans, streets, etc. Poor memory for the "layout" of things. Gets lost or disoriented easily. May have a poor sense of direction, loose things often, and seem	L E C T U R I N G	T E A C H I N G	P O W E R P O I N T

	absent minded.				
	<p>May have poor athletic coordination, difficulty keeping up with rapidly changing physical directions like in aerobic, dance, and exercise classes. Difficulty remembering dance step sequences, rules for playing sports.</p> <p>Difficulty keeping score during games or difficulty remembering how to keep score in games, like bowling, etc. Often loses track of whose turn it is during games, like cards and board games. Limited strategic planning ability for games, like chess.</p> <p>c) <u>Dysgraphia</u> - a writing disability in which a person finds it hard to form letters or write within a defined space.</p> <p>Symptoms in School Children</p> <p>➤ Generally illegible writing (despite appropriate time and attention</p>	<p>L E C T U R E I N G</p>	<p>T E A C H I N G</p>	<p>P O W E R P O I N T</p>	

		given the task)				
		<ul style="list-style-type: none"> ➤ Inconsistencies: mixtures of print and cursive, upper and lowercase, or irregular sizes, shapes, or slant of letters ➤ Unfinished words or letters, omitted words ➤ Inconsistent position on page with respect to lines and margins. ➤ Inconsistent spaces between words and letters ➤ Cramped or unusual grip, especially: <ul style="list-style-type: none"> a) Holding the writing instrument very close to the paper, or b) Holding thumb over two fingers and writing from the wrist ➤ Strange wrist, body, or paper position ➤ Talking to self while writing, or carefully watching the hand that is writing ➤ Slow or laboured copying or writing - even if it is neat and legible d) <u>Dysorthographia:</u> Individuals with this disorder have difficulties utilizing clues from several sources that aid in deciding on the 	<p>L</p> <p>E</p> <p>C</p> <p>T</p> <p>U</p> <p>R</p> <p>I</p> <p>N</p> <p>G</p>	<p>T</p> <p>E</p> <p>A</p> <p>C</p> <p>H</p> <p>I</p> <p>N</p> <p>G</p>	<p>P</p> <p>O</p> <p>W</p> <p>E</p> <p>R</p> <p>P</p> <p>O</p> <p>I</p> <p>N</p> <p>T</p>	

2 min	<p>normal hearing and vision.</p> <p>Co-Morbidity</p> <p>Co-morbidity means that certain diseases and disorders tend to occur together</p> <p>In 25% of the cases of Learning disabilities, a co-morbid condition is Attention Deficit/Hyperactive Disorder-AD/HD</p> <p>Diagnosis</p> <ul style="list-style-type: none"> ➤ Physical check-up ➤ Abilities test ➤ Oral and written language tests ➤ School performance and family background ➤ Academic tests on reading, spelling, oral language, handwriting, composition 	L E C T U R E I N G	T E A C H I N G	P O W E R P O I N T	What condition is the comorbidity of learning disability?
4 min					

	learning disability	if there is a severe discrepancy between achievement and intellectual ability in:	<ul style="list-style-type: none"> ➤ oral expression ➤ listening comprehension ➤ written expression ➤ basic reading skills ➤ reading comprehension ➤ mathematics calculation ➤ mathematics reasoning <p>Response to Intervention Method</p> <p>Three-tier model to identify students who might have a learning disability</p>	L E C T U R I N G	T E A C H I N G	P O W E R P O I N T	learning disability?
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		<p>Three-tiered Response to Intervention Model</p> <p>Cognitive strategies and processes (Specific problem-solving strategies)</p> <p>Read (comprehension) Paraphrase (translation) Visualize (transformation) Hypothesize (planning) Estimate (prediction) Compute (calculation) Check (evaluation)</p> <p>Metacognitive strategies and processes (Awareness and regulation of cognitive strategies)</p> <p>Self-instruct (strategy knowledge and use) Self-question (strategy knowledge and use) Self-monitor (strategy control)</p> <p>MPS</p> <p>Discrepancy Formula</p> <p>Severe discrepancy between intelligence and achievement to identify individuals with learning disabilities*</p>	<p>L E C T U R E R I N G</p>	<p>T E A C H I N G</p>	<p>P O W E R P O I N T</p>	
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	Example				
	<ul style="list-style-type: none"> ➤ IQ = 90 or above and ➤ Significant deficit in Achievement Score (in reading, math, spelling, handwriting, listening, speaking, etc.) 				
5 min	<p>narrate the teaching approaches</p> <p>Teaching Approaches</p> <p>Task Analysis</p> <p>Breaking a task down into simpler components to be taught in sequence</p> <p>Direct Instruction</p> <p>Daily review, presentation, guided practice, independent practice, and weekly and monthly reviews</p> <p>Teaching Strategies</p> <ul style="list-style-type: none"> ➤ Provide high structure and clear expectations 	<p>L</p> <p>E</p> <p>C</p> <p>T</p> <p>U</p> <p>R</p> <p>I</p> <p>N</p> <p>G</p>	<p>T</p> <p>E</p> <p>A</p> <p>C</p> <p>H</p> <p>I</p> <p>N</p> <p>G</p>	<p>P</p> <p>O</p> <p>W</p> <p>E</p> <p>R</p> <p>P</p> <p>O</p> <p>I</p> <p>N</p> <p>T</p>	<p>Which are the teaching approaches for learning disability?</p> <p>Which are the teaching</p>
3 min	discuss the teaching				

	strategies	<ul style="list-style-type: none"> ➤ Allow flexibility in classroom procedures ➤ Learning materials should easily accessible, well organized and stored in the same place each day. ➤ All assignments should be presented on the blackboard as well as orally presented. ➤ Make sure that the child's desk is free from all unnecessary materials. ➤ Correct the student's work as soon as possible to allow for immediate gratification and feedback. ➤ Try to separate him from students who may be distracting. ➤ Use multi-sensory teaching methods whenever possible. ➤ Respond to the child's comments praising whenever possible. ➤ Give constant feedback. 	L E C T U R I N G	T E A C H I N G	P O W E R P O I N T	strategies for learning disability?
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5 min	explain about the accommodations for the child	<p>Accommodations for the Child</p> <p>All accommodations fall into 4 Types</p> <ul style="list-style-type: none"> a) Timing/scheduling b) Setting c) Presentation format d) Response format <p><u>Timing/Scheduling</u></p> <ul style="list-style-type: none"> ➤ more time in completing written work / exams ➤ avoid closely packed multiple exam sessions <p><u>Setting</u></p> <ul style="list-style-type: none"> ➤ testing in a small separate group ➤ limit distractions 	<p>L E C T U R E I N G</p>	<p>T E A C H I N G</p>	<p>P O W E R P O I N T</p>	<p>What are the accommodations for the child with learning disability?</p>
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		<p><u>Presentation Format</u></p> <ul style="list-style-type: none">➤ larger print with less crowding➤ questions and answers on same page➤ directions in simple wording, child’s understanding checked➤ test items read to student <p><u>Response Format</u></p> <ul style="list-style-type: none">➤ answers on large-spaced paper➤ students answers verbally➤ spelling etc requirements waived➤ aids allowed e.g. dictionaries➤ use of word processor	L E C T U R E R I N G	T E A C H I N G	P O W E R P O I N T	
5 min	note the procedures	<p>Procedures Can be Effective for Learners</p> <ul style="list-style-type: none">➤ Using visuals				Which are the procedures can

2 min	can be effective for the child	<ul style="list-style-type: none"> ➤ Implementing cooperative learning ➤ Setting up peer tutors ➤ Allowing use of the native language to organize thoughts ➤ Providing sufficient time to use language ➤ Focusing on vocabulary to teach concepts ➤ Providing multi-sensory teaching ➤ Using supplementary materials <p>Resources</p> <ul style="list-style-type: none"> ➤ Assistive Technology Lab ➤ Learning Centre ➤ Assessment Centre ➤ Community Resources ➤ Websites 	L E C T U R I N G	T E A C H I N G	P O W E R P O I N T	be effective for learners?
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5 min	list out the rights and responsibilities of the child	Rights and Responsibilities a) <u>Student</u> Right to: ➤ Be evaluated based on ability, not disability ➤ An equal opportunity to learn and to participate in and benefit from the academic community ➤ Appeal decisions concerning accommodations Responsibility to: ➤ Self-Identify ➤ Provide documentation of disability ➤ Meet and maintain the institution's academic and technical standards and Code of Conduct			L E C T U R E R I N G	T E A C H I N G	P O W E R	Enumerate the rights and responsibilities of both the student and the teacher?
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5 min	<p>brief the tips for working students with learning disabilities</p> <p>Tips for Working Students with Learning Disabilities</p> <ul style="list-style-type: none"> ➤ Incorporate elements of Universal Design into instruction. ➤ Plan ahead. Students with reading disabilities may need materials in an alternate format. Prepare syllabus, handouts, exams ahead of time. ➤ When possible, always use textbooks that have electronic texts available if needed. ➤ Use multi-sensory approach in class. ➤ Provide outlines of lectures. ➤ Present lecture material in a sequential, logical manner (as appropriate). ➤ Invite students with disabilities to privately meet with you to discuss any special needs. ➤ Respect the confidentiality and dignity of each student. 	<p>L</p> <p>E</p> <p>C</p> <p>T</p> <p>U</p> <p>R</p> <p>I</p> <p>N</p> <p>G</p>	<p>T</p> <p>E</p> <p>A</p> <p>C</p> <p>H</p> <p>I</p> <p>N</p> <p>G</p>	<p>P</p> <p>O</p> <p>W</p> <p>E</p> <p>R</p> <p>P</p> <p>O</p> <p>I</p> <p>N</p> <p>T</p>	<p>Describe the tips for working students with learning disabilities?</p>
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